

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000106780

Entity Name: GAIN CORP OF FLORIDA, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

5567 EAST LAKE DRIVE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

15230 SNOW MEMORIAL HIGHWAY
BROOKSVILLE, FL 34601

Current Mailing Address:

5567 EAST LAKE DRIVE
FT LAUDERDALE, FL 33312

New Mailing Address:

15230 SNOW MEMORIAL HIGHWAY
BROOKSVILLE, FL 34601

FEI Number: 05-0587086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOC PA
2832 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DUBROW DUKER & ASSOC PA
5401 N UNIVERSITY DR
204
CORAL SPRINGS, FL 33067 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DUBROW DUKER

04/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARILE, RICHARD
Address: 5567 EAST LAKE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: WYLIE, DARLENE
Address: 5567 EAST LAKE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S () Delete
Name: WYLIE, DESERIE
Address: 5567 EAST LAKE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILEY, DARLENE
Address: 15230 SNOW MEMORIAL HIGHWAY
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V,S (X) Change () Addition
Name: WYLIE, DESERIE
Address: 15240 SNOW MEMORIAL HIGHWAY
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE WILEY

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date