## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000147476

Entity Name: MAIOR INC.

FILED Sep 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11849 HULLBRIDGE CT 1537 RIVER REACH DR. ORLANDO, FL 32837 175

ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

11849 HULLBRIDGE CT 1537 RIVER REACH DR. ORLANDO, FL 32837 175 ORLANDO, FL 32828

FEI Number: 41-2121651 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GABRIEL, ANNA P

11849 HULLBRIDGE CT

ORLANDO, FL 32837 US

GABRIEL, ANNA P

1537 RIVER REACH DR.

175

ORLANDO, FL 32828 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: ANNA GABRIEL 09/30/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition GABRIEL, ANNA P GABRIEL, ESDRAS E Name: Name: 11849 HULLBRIDGE CT 1537 RIVER REACH DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 GABRIEL, ESDRAS E
 Name:
 GABRIEL, ANNA A

 Address:
 11849 HULLBRIDGE CT
 Address:
 1537 RIVER REACH DR

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify 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: ANNA P GABRIEL VP 09/30/2008