## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000061078

Entity Name: DEMKSOLOMON, INC.

STEPHENS, JAMES EA

HAMPTON, GA 30228

732 COUNTRY LAKE DRIVE

Name:

Address:

City-St-Zip:

**FILED** Feb 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2006 CORNER TREE COURT ORLANDO, FL 32820 **Current Mailing Address: New Mailing Address:** P.O. BOX 721204 ORLANDO, FL 32872 FEI Number: 20-1544076 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: STEPHENS, AHMED Y 1711 SHADÓW VIEW CIRCLE MAITLAND, FL 32751 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: SEAN D. ROPER 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 () Change () Addition STEPHENS, AHMED Y Name: Name: 1711 SHADOW VIEW CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32751 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROPER, SEAN Name: 2006 CORNER TREE COURT Address: Address: ORLANDO, FL 32820 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BAPTISTE, JEFFREY Name: Name: 394 BENHILL RD Address: Address: City-St-Zip: COLLEGE PARK, GA 30349 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SEAN D. ROPER CO 02/11/2009