

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077529

Entity Name: DEL CID ENTERPRISES, INC.

FILED
Nov 14, 2007
Secretary of State

Current Principal Place of Business:

900 US HWY 1
STE 104
LAKE PARK, FL 33403

New Principal Place of Business:

424 EVERGREEN DR
LAKE PARK, FL 33403

Current Mailing Address:

900 US HWY 1
104
LAKE PARK, FL 33403

New Mailing Address:

424 EVERGREEN DR
LAKE PARK, FL 33403

FEI Number: 55-0866794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CID, MARY
900 US HWY 1
STE 104
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

DEL CID, MARY
424 EVERGREEN DR
LAKE PARK, FL 33403 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: MARY DELCID

11/14/2007

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: D () Delete
Name: DEL CID, MARY
Address: 900 US HWY 1, STE 104
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: DEL CID, MARVIN
Address: 900 US HWY 1, STE 104
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEL CID, MARY
Address: 424 EVERGREEN DR
City-St-Zip: LAKE PARK, FL 33403

Title: D (X) Change () Addition
Name: DEL CID, MARVIN
Address: 424 EVERGREEN DR
City-St-Zip: LAKE PARK, FL 33403

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: MARY DELCID

OFF

11/14/2007

Electronic Signature of Signing Officer or Director

Date