

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000094594

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Entity Name:** ALCEDONIA MANAGEMENT CORP.

**Current Principal Place of Business:**

5829 18TH AVE. S.  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

5829 18TH AVE. S.  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

5829 18TH AVE. S.  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

5829 18TH AVE. S.  
ST. PETERSBURG, FL 33707

**FEI Number:** 20-1528546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAUMAN, NINA L  
6640 34TH AVE. NORTH  
ST. PETERSBURG, FL 33710 US

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

BAUMAN, NINA L  
5829 18TH AVE. S.  
ST. PETERSBURG, FL 33707 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: NINA BAUMAN

10/05/2005

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS. ( ) Change (X) Addition  
Name: BAUMAN, NINA  
Address: 5829 18TH AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NINA BAUMAN

MS.

10/05/2005

Electronic Signature of Signing Officer or Director

Date