

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000107551

Entity Name: ADA DEL GALLEG0, P.A.

FILED
Mar 10, 2006
Secretary of State

Current Principal Place of Business:

5200 SANCERRE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

16244 SW 18 PL
MIRAMAR, FL 33027

Current Mailing Address:

5200 SANCERRE CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

16244 SW 18 PL
MIRAMAR, FL 33027

FEI Number: 20-1409922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL GALLEG0, ADA
5200 SANCERRE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

DEL GALLEG0, ADA
16244 SW 18 PL
MIRAMAR, FL 33027 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: ADA DEL GALLEG0

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: DEL GALLEG0, ADA
Address: 5200 SANCERRE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: DEL GALLEG0, ADA
Address: 5200 SANCERRE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: DEL GALLEG0, ADA
Address: 16244 SW 18 PL
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change () Addition
Name: DEL GALLEG0, ADA
Address: 16244 SW 18 PL
City-St-Zip: MIRAMAR, FL 33027

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: ADA DEL GALLEG0

DPVS

03/10/2006

Electronic Signature of Signing Officer or Director

Date