# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 20, 2006**
**Secretary of State**

DOCUMENT# P04000119984

**Entity Name:** HYGRADE A, INC.

**Current Principal Place of Business:**

234 N. GRIFFIN DR.
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

150 OLIVE TREE CRL
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

234 N. GRIFFIN DR.
CASSELBERRY, FL 32707 US

**New Mailing Address:**

150 OLIVE TREE CRL
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 71-0970327** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SERRANO, OMAR J
234 N. GRIFFIN DR.
CASSELBERRY, FL 32707 US

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

SERRANO, OMAR J
150 OLIVE TREE CRL
ALTAMONTE SPRINGS, FL 32714 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: OMAR SERRANO 10/20/2006
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: P ( ) Delete
Name: SERRANO, OMAR J
Address: 234 N. GRIFFIN DR.
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP (X) Delete
Name: SANCHIONI, DAVID J JR.
Address: 234 N. GRIFFIN DR.
City-St-Zip: CASSELBERRY, FL 32707 US

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

Title: P (X) Change ( ) Addition
Name: SERRANO, OMAR J
Address: 150 OLIVE TREE CRL.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OMAR SERRANO P 10/20/2006
Electronic Signature of Signing Officer or Director Date