## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000033140

Entity Name: DEMILY CORP.

FILED Oct 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5375 NW ALMOND AVE PT ST LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 5375 NW ALMOND AVE PT ST LUCIE, FL 34986 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMOR, YOLANDA 5375 NW ALMOND AVE PT ST LUCIE, FL 34986 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: YOLANDA AMOR 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: **PVST** () Delete () Change () Addition AMOR, YOLANDA Name: Name: 5375 NW ALMOND AVE Address: Address: City-St-Zip: PT ST LUCIE, FL 34986 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: AMOR, YOLANDA Name: 5375 NW ALMOND AVE Address: Address: PT ST LUCIE, FL 34986 City-St-Zip: 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: YOLANDA AMOR PVST 10/09/2006