

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000048710

FILED
Nov 24, 2009
Secretary of State

Entity Name: SCHIAVO CORPORATION

Current Principal Place of Business:

1601 PARK CENTER DRIVE # 08
ORLANDO, FL 32835 US

New Principal Place of Business:

7380 SAND LAKE RD
500
ORLANDO, FL 32819 US

Current Mailing Address:

1601 PARK CENTER DRIVE # 08
ORLANDO, FL 32835 US

New Mailing Address:

7380 SAND LAKE RD
500
ORLANDO, FL 32819 US

FEI Number: 20-2608945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVO, RODRIGO
1601 PARK CENTER DR
8
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SCHIAVO, MOANA
7380 SAND LAKE RD
500
ORLANDO, FL 32819 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: MOANA SCHIAVO

11/24/2009

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: PD () Delete
Name: SCHIAVO, MOANA
Address: 164 SAGECREST DR
City-St-Zip: OCOEE, FL 34761 US

Title: V () Delete
Name: SCHIAVO, RODRIGO
Address: 164 SAGECREST DR
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHIAVO, MOANA
Address: 8345 VIA VERONA
City-St-Zip: ORLANDO, FL 32836 US

Title: V (X) Change () Addition
Name: SCHIAVO, RODRIGO
Address: 8345 VIA VERONA
City-St-Zip: ORLANDO, FL 32836 US

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: MOANA SCHIAVO

PD

11/24/2009

Electronic Signature of Signing Officer or Director

Date