


2007

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB 20 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000051571	
1. Entity Name GEDEON REALTY RENTAL INC	

Principal Place of Business PO BOX 494126 PORT CHARLOTTE, FL 33949	Mailing Address PO BOX 494126 PORT CHARLOTTE, FL 33949
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2. Principal Place of Business - No P.O. Box # 2726 TAMMARA Trail Suite, Apt #, etc. Suite C	3. Mailing Address 17126 Calhoun Lane Suite, Apt #, etc. Port Charlotte
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02132008 REIN-P CR2E098 (1/07)

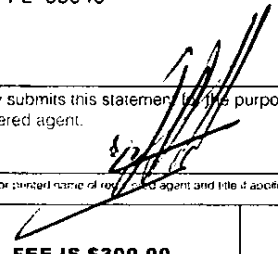
City & State Port Charlotte, FL	City & State Florida
Zip 33952	Country USA
Zip 33948	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GEDEON, YVON 17126 CALHOUN LANE PORT CHARLOTTE, FL 33948	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:


**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEDEON, YVON 17126 CALHOUN LANE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400118265484 02/18/08--01044--024 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:  DATE: 2/15/08 DAYTIME PHONE #:

*Yvon Gedeon*