

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 Mailing Address

PO BOX 494126 PO BOX 494126
 PORT CHARLOTTE, FL 33949 PORT CHARLOTTE, FL 33949

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2726 TAMMARA Trail 17126 Calhoun Lane
 Suite, Apt #, etc. Suite, Apt #, etc.
 Suite C Port Charlotte

City & State City & State

Port Charlotte, FL Florida

Zip Country Zip Country

33942 USA 33948



6. Name and Address of Current Registered Agent

GEDEON, YVON
 17126 CALHOUN LANE
 PORT CHARLOTTE, FL 33948

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature: Name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDEON, YVON	NAME	
STREET ADDRESS	17126 CALHOUN LANE	STREET ADDRESS	400118265484
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	02/18/08--01044--024 **300.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 # _____
Signature and Title or Printed Name of Signing Officer or Director

Therese...