2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2006
Secretary of State

DOCUMENT# P05000062398

Entity Name: ARODAK HOMES CORP

Current Principal Place of Business:

313 E OAK AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

313 E OAK AVE
FL, UNITED ST

New Mailing Address:

313 E OAK AVE
TAMPA, FL 33602

FEI Number: 20-4338569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARODAK, MIKE
313 E OAK AVE
TAMPA, FL, FL 33602 US

Name and Address of New Registered Agent:

ARODAK, MIKE
313 E OAK AVE
TAMPA, FL 33602 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: MIKE ARODAK 11/08/2006
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: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL UNITED ST

Title: S ( ) Delete
Name: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: ARODAK, MIKE
Address: 313 E OAK AVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MIKE ARODAK P 11/08/2006
Electronic Signature of Signing Officer or Director Date