## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000081278

Entity Name: DISASTER, INC.

FILED Oct 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1449 RIVERGREEN CIRCLE 2051 SOUTHEAST 3RD ST PORT ST. LUCIE, FL 34952

**UNIT 501** 

DEERFIELD BEACH, FL 33441

**Current Mailing Address:** New Mailing Address:

1449 RIVERGREEN CIRCLE PO BOX 820

PORT ST. LUCIE, FL 34952 DEERFIELD BEACH, FL 33443 US

FEI Number: 32-0151601 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARRELL, RICKEY L. ESQ 1595 SE PORT ST LUCIE BLVD. PORT ST. LUCIE, FL 34952

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: RICKEY L. FARRELL

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:

( ) Delete Title: () Change () Addition

LAURENZO, VINCENT J. SR. Name: Name: P.O. BOX 252 Address: Address: City-St-Zip: CLIFTON PARK, NY 12065 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 Statutés. 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: VINCENT J. LAURENZO SR. **PRES** 10/10/2006