

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000100194

Entity Name: VICADA, INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

3953 WEST KENNEDY BLVD
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3953 WEST KENNEDY BLVD
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 25-1920315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLA, JOALYN M
3711 N. DARWIN AVE.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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: JOALYN M. VILLA

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: VILLA, ALAN M
Address: 3206 W. BRADDOCK STREET
City-St-Zip: TAMPA, FL 33607 US

Title: VP () Delete
Name: VILLA, JOE V
Address: 209 N. LINCOLN AVE.
City-St-Zip: TAMPA, FL 33609 US

Title: SEC () Delete
Name: VILLA, MELISSA M
Address: 209 N. LINCOLN AVE.
City-St-Zip: TAMPA, FL 33609 US

Title: TRE () Delete
Name: VILLA, JOALYN M
Address: 3711 N. DARWIN AVE
City-St-Zip: TAMPA, FL 33603 US

Title: SEC () Delete
Name: VILLA, JOE JR
Address: 3206 W. BRADDOCK
City-St-Zip: TAMPA, FL 33607 US

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:

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: JOALYN M. VILLA

Electronic Signature of Signing Officer or Director

TRES

09/29/2009

Date