

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000101972

FILED
Jan 29, 2009
Secretary of State

Entity Name: FERNANDES QUALITY CORPORATION

Current Principal Place of Business:

1810 SW 1 PL
CAPE CORAL, FL 33991

New Principal Place of Business:

2875 WINKLER AVE
506
FORT MYERS, FL 33916

Current Mailing Address:

1810 SW 1 PL
CAPE CORAL, FL 33991

New Mailing Address:

2875 WINKLER AVE
506
FORT MYERS, FL 33916

FEI Number: 20-3233314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 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: TAX HOUSE CORPORATION

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: PD (X) Delete
Name: FERNANDES, ANTONIO A
Address: 1810 SW 1 PL
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Delete
Name: CUNHA, CERLON L
Address: 1810 SW 1 PL
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Delete
Name: BORGES, JUCELINO S
Address: 1810 SW 1 PL
City-St-Zip: CAPE CORAL, FL 33991

Title: V () Delete
Name: CASTA, MARIANGELA
Address: 1810 SW 1 PL
City-St-Zip: CAPE CORAL, FL 33991

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: P (X) Change () Addition
Name: CASTA, MARIANGELA
Address: 2875 WINKLER AVE 506
City-St-Zip: FORT MYERS, FL 33916

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: MARIAANGELA CASTA

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01/29/2009

Electronic Signature of Signing Officer or Director

Date