

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123955

FILED  
Nov 01, 2006  
Secretary of State

Entity Name: RELINI INC.

## Current Principal Place of Business:

3811 W. GRANADA ST  
TAMPA, FL 33629 US

## New Principal Place of Business:

11514 WILD CAT LANE  
NEW PORT RICHEY, FL 34654 US

## Current Mailing Address:

3811 W. GRANADA ST  
TAMPA, FL 33629 US

## New Mailing Address:

11514 WILD CAT LANE  
NEW PORT RICHEY, FL 34654 US

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

## Name and Address of Current Registered Agent:

MCGANN, LISA B  
3811 W. GRANADA ST  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

MCGANN, LISA B M.B.A.  
11514 WILD CAT LANE  
NEW PORT RICHEY, FL 34654 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: LISA MCGANN

11/01/2006

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: PRES ( ) Delete  
Name: MCGANN, LISA B  
Address: 3811 W GRANADA ST  
City-St-Zip: TAMPA., FL 33629 US

Title: VP ( ) Delete  
Name: MCGANN, NICOLE A  
Address: 3811 W GRANDA ST  
City-St-Zip: TAMPA., FL 33629 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCGANN, LISA B M.B.A.  
Address: 11514 WILD CAT LANE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: SRVP (X) Change ( ) Addition  
Name: MCGANN, NICOLE A  
Address: 11514 WILD CAT LANE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP ( ) Change (X) Addition  
Name: MCGANN, MICHAEL A  
Address: 11514 WILD CAT LANE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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: LISA MCGANN

PRES

11/01/2006

Electronic Signature of Signing Officer or Director

Date