2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000124100

Entity Name: DELGADO SOLUTIONS, INC.

FILED May 06, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

8696 W HALLS RIVER RD LAKE ALFRED, FL 33850 US HOMOSASSA, FL 34448

US

Current Mailing Address: New Mailing Address:

2544 S.R. 557 8696 W HALLS RIVER RD LAKE ALFRED, FL 33850 US HOMOSASSA, FL 34448 US

FEI Number: 20-3453682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRATS-DELGADO, TERESITA PRATS-DELGADO, TERESITA 2544 S.R. 557 8696 W HALLS RIVER RD LAKE ALFRED, FL 33850 US US HOMOSASSA, FL 34448

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: TERESITA PRATS-DELGADO 05/06/2009

> 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: () Delete Title: (X) Change () Addition

DELGADO, SILVIO DELGADO, SILVIO Name: Name: 2544 S.R. 557 8696 W HALLS RIVER RD Address: Address: HOMOSASSA, FL 34448 US City-St-Zip: LAKE ALFRED, FL 33850 US City-St-Zip:

Title: Title: (X) Change () Addition () Delete PRATS-DELGADO, TERESITA Name: Name: PRATS-DELGADO, TERESITA Address: 8696 W HALLS RIVER RD Address: 2544 S.R. 557 LAKE ALFRED, FL 33850 US HOMOSASSA, FL 34448 US City-St-Zip: 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: TERESITA PRATS-DELGADO 05/06/2009 S/TR

Electronic Signature of Signing Officer or Director

Date