2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# P05000127969

Entity Name: REZENDE SILVA CORPORATION

Current Principal Place of Business:

9850 BERNWOOD PLACE DRIVE
108
FORT MYERS, FL 33912

New Principal Place of Business:

917 ADELINE AVENUE
LEHIGH ACRES, FL 33971

Current Mailing Address:

9850 BERNWOOD PLACE DRIVE
108
FORT MYERS, FL 33912

New Mailing Address:

917 ADELINE AVENUE
LEHIGH ACRES, FL 33971

FEI Number: 20-3490748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DA SILVA, AGRIMALDO
9850 BERNWOOD PLACE DRIVE
108
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DA SILVA, AGRIMALDO
917 ADELINE AVENUE
LEHIGH ACRES, FL 33971 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: AGRIMALDO DA SILVA 09/19/2007
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: DA SILVA, AGRIMALDO
Address: 9850 BERNWOOD PLACE DRIVE #108
City-St-Zip: FORT MYERS, FL 33912

Title: V ( ) Delete
Name: SANTOS, ROSEMARY
Address: 9850 BERNWOOD PLACE DRIVE #108
City-St-Zip: FORT MYERS, FL 33912

Title: S (X) Delete
Name: DE REZENDE, NICELMA
Address: 9850 BERNWOOD PLACE DRIVE #108
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DA SILVA, AGRIMALDO
Address: 917 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DIR (X) Change ( ) Addition
Name: DA SILVA, ELIEL
Address: 917 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

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: AGRIMALDO DA SILVA PRES 09/19/2007
Electronic Signature of Signing Officer or Director Date