

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000143205

Entity Name: MID FLORIDA RIVERSIDE, INC.

FILED
Oct 06, 2006
Secretary of State

Current Principal Place of Business:

4542 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

4542 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32127

New Mailing Address:

179 LEHIGH AVENUE
FLAGLER BEACH, FL 32136

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTA, SAMI
4542 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

OSTA, SAMI
179 LEHIGH AVE
FLAGLER BEACH, FLORIDA, FL 32136 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: SAMI OSTA

10/06/2006

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: D () Delete
Name: OSTA, SAMI
Address: P. O. BOX 9666
City-St-Zip: DAYTONA BCH, FL 32120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OSTA, SAMI
Address: 179 LEHIGH AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

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: SAMI OSTA

DIR

10/06/2006

Electronic Signature of Signing Officer or Director

Date