2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P05000150388

Entity Name: GEMINI INVESTMENT PARTNERS INC.

Current Principal Place of Business:

3836 DOUBLE EAGLE DRIVE
2815
ORLANDO, FL 32819 US

New Principal Place of Business:

2248 FLAME CT
CLERMONT, FL 34714 US

Current Mailing Address:

3836 DOUBLE EAGLE DRIVE
2815
ORLANDO, FL 32819 US

New Mailing Address:

2248 FLAME CT
CLERMONT, FL 34714 US

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

Name and Address of Current Registered Agent:

COMAS, ANTONIO
3836 DOUBLE EAGLE DRIVE
2815
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMAS, JON
2248 FLAME CT
CLERMONT, FL 34714 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: JON COMAS 02/05/2007
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: COMAS, JON
Address: 3276 EMERSON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: VP (X) Delete
Name: COMAS, CHRISTIAN
Address: 3276 EMERSON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: SEC (X) Delete
Name: FERINA, JAMES
Address: 3276 EMERSON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: TREA (X) Delete
Name: CLOSE, DAVID
Address: 3276 EMERSON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: DIR (X) Delete
Name: COMAS, ANTONIO
Address: 3276 EMERSON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COMAS, JON
Address: 2248 FLAME CT
City-St-Zip: CLERMONT, FL 34714 US

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JON COMAS P 02/05/2007
Electronic Signature of Signing Officer or Director Date