

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000001841

Entity Name: SKATING OF DELTONA, INC.

FILED
Nov 30, 2009
Secretary of State

Current Principal Place of Business:

1680 DOYLE ROAD
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1680 DOYLE ROAD
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-4053056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLMAKER, KATHY
1680 DOYLE ROAD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: KATHY WELLMAKER

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: WELLMAKER, KATHY
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

Title: VP,S () Delete
Name: HELLER, FRED
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WELLMAKER, KATHY
Address: 399 N. ORANGE AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: VP,S (X) Change () Addition
Name: WELLMAKER, STEVEN
Address: 138 E. FRENCH AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: SEC () Change (X) Addition
Name: WELLMAKER, ANGELIA
Address: 138 E. FRENCH AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: TREA () Change (X) Addition
Name: WELLMAKER, KATHY
Address: 399 N. ORANGE AVE.
City-St-Zip: ORANGE CITY, FL 32763

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: KATHY WELLMAKER

PRES

11/30/2009

Electronic Signature of Signing Officer or Director

Date