## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000047849

Entity Name: GUADALUPE SANTANA, INC.

FILED May 05, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

10383 STEVENS DR. 1212 JIM JOHNSON LOOP POLK CITY, FL 33868 US PLANTCITY, FL 33566 US

Current Mailing Address: New Mailing Address:

10383 STEVENS DR. 1212 JIM JOHNSON LOOP POLK CITY, FL 33868 US PLANTCITY, FL 33566 US

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

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

SANTANA, GUADALUPE
10383 STEVENS DR.
POLK CITY, FL 33868 US
SANTANA, GUADALUPE
1212 JIM JOHNSON LOOP
PLANTCITY, FL 33566 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: GUADALUPE SANTANA 05/05/2008

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 SANTANA, GUADALUPE SANTANA, GUADALUPE Name: Name: 10383 STEVENS DR. Address: 1212 JIM JOHNSON LOOP Address: City-St-Zip: POLK CITY, FL 33868 US City-St-Zip: PLANTCITY, FL 33566 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: TOMASEK MELISSA S
Name: TOMASEK MELISSA S

 Name:
 TOMASEK, MELISSA
 Name:
 TOMASEK, MELISSA S

 Address:
 10383 STEVENS DR.
 Address:
 1212 JIM JOHNSON LOOP

 City-St-Zip:
 POLK CITY, FL 33868 US
 City-St-Zip:
 PLANTCITY, FL 33566 US

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: MELISSA TOMASEK VP 05/05/2008