2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000051892

Entity Name: MAINDOME PROCESSING CORPORATION

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
9611 NORTH US HIGHWA SUITE 196 SEBASTIAN, FL 32958		961 FULTON WAY SEBASTIAN, FL 32958	US	
Current Mailing Address:		New Mailing Address:		
9611 NORTH US HIGHWA SUITE 196 SEBASTIAN, FL 32958	AY 1, B2 US	6469 SUMMIT POINT SUITE E NORCROSS, GA 30092	US	
FEI Number: 57-1233739	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
ROSS, LESLIE 961 FULTON WAY SEBASTIAN, FL 32958	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: LESLIE RO	oss			
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:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	

SEBASTIAN, FL 32958 FL

City-St-Zip:

SEBASTIAN, FL 32958 FL

Title: Title: () Delete () Change () Addition ROSS, LESLIE Name: Name: SUITE 196, 9611 N. US HIGHWAY 1, B2 Address: Address: City-St-Zip: SEBASTIAN, FL 32958 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MCLEAN-GRAY, ICELYN Name: Name: ROSS, LESLIE Address: SUITE 196, 9611 N. US HIGHWAY 1, B2 Address: 961 FULTON WAY SEBASTIAN, FL 32958 US SEBASTIAN, FL 32958 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MCLEAN-GRAY, ICELYN Name: ROSS, LESLIE SUITE 196, 9611 N. US HIGHWAY 1, B2 Address: 961 FULTON WAY Address:

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.

City-St-Zip:

SIGNATURE: LESLIE ROSS CEO 01/14/2008