

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000075362

Entity Name: STAMP TOYS, INC.

**FILED**  
**Dec 04, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

6509 N HIMES AVE UNIT B  
TAMPA, FL 33614

## **New Principal Place of Business:**

4901 W. LINEBAUGH AVE  
TAMPA, FL 33624

## **Current Mailing Address:**

6509 N HIMES AVE UNIT B  
TAMPA, FL 33614

## **New Mailing Address:**

4901 W. LINEBAUGH AVE # 2  
TAMPA, FL 33624

FEI Number: 20-4967907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DA SILVA, JULIANE C  
6509 N HIMES AVE UNIT B  
TAMPA, FL 33614 US

## **Name and Address of New Registered Agent:**

DA SILVA, JULIANE C  
4901 W. LINEBAUGH AVE # 2  
TAMPA, FL 33624 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: JULIANA C. DA SILVA

12/04/2007

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: DP ( ) Delete  
Name: DA SILVA, JUKUANE C  
Address: 6627 MARINA POINTE VILAGE CT APT 106  
City-St-Zip: TAMPA, FL 33635

Title: DV ( ) Delete  
Name: SILVA VA, ELOIR C  
Address: 3505 LAND OAKS DR  
City-St-Zip: TAMPA, FL 33624

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DA SILVA, JUKUANE C  
Address: 4901 W. LINEBAUGH AVE # 2  
City-St-Zip: TAMPA, FL 33624

Title: DV (X) Change ( ) Addition  
Name: SILVA, ELOIR  
Address: 4901 W. LINEBAUGH AVE # 2  
City-St-Zip: TAMPA, FL 33624

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: JULIANE C. DA SILVA

PD

12/04/2007

Electronic Signature of Signing Officer or Director

Date