2007 FOR PROFIT CORPORATION to be low in HID REINSTATEMENT

REINSTATEMENT				FILED		
DOCUMENT # P06000109921				SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Entity Name			13.00	311.010	w or oakl extitution	
GDA CONSULTING INC.				<b>∛</b>   97 NC	V 16 AMII: 38	
			15.55			
,	ce of Business	Mailing Address				
14110 LEANING PINE DR. 14110 LEANING PHYE DR. MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014			DR. A			
minum Entes, 12 33014			·	, . — · ·		
2. Principal Place of Rusiness - No P O Roy # 3. Mailing Address						
15 goi Loch Isle Dr Wort					88181 71914 98118 18418 18118 1180 11849 81 11 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		11132007 REIN-P	CR2E098 (1/07)	
City & State			4. FEI Number	X Applied For		
MILAT	Miam, LAKES PI				Not Applicable	
2201	Country	Zip	Country	5. Certificate of Status Desire	d \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BRIAN PRZYSTUP & ASSOCIATES LLC				3		
1881 WASHINGTON AVE.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
12-E MIAMI BEACH, FL 33139						
			City		Zip Code	
				torad agent, or both in the Clate o	FL	
8. 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. Fam familiar with, and accept the obligations of registered agent.						
SIGNATURE Shani Laty						
Signature, typerd or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the						
After Jai	nuary 1, 2008, Fee will be \$300.0	o			did not receive the prior notice.	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P/D DE ANGELIS, GIUSEPPE	☐ Delete	TITLE	C-01 10011	TSUE DK. WEST	
STREET ADDRESS	ALL MING LINE DIT					
CITY-ST-ZIP	AUAU		CITY-ST-ZIP	niami LAKES,		
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CITY-ST-ZIP			CITY-ST-ZIP		7	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
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CITY-ST-ZIP	*		CITY-ST-ZIP	11/16/070106		
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CITY-ST-ZIP			CITY-ST-ZIP	1511d		
TITLE NAME		☐ Delete	TITLE NAME	apiaiotater <sup>°</sup> C	Change Addition	
STHEET ADDRESS				REINSTATEME	M O c	
City;-St-ZiP			CITY-ST-ZIP	····		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP		ship filipp plane and a 196 f	CITY-ST-ZIP	ad in Chapter 110 F/ 11 St		
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if						
~ + +	on this report or supplemental report is	inversed to execute this recent	ny signature shall have th as required by Chapter #	ie same legal ellect as il made und	ame appears in Blook 10 or Blook 11 '	
of the co	d on this report or supplemental report is reporation or the receiver or trustee empored, or on an attachment with an address, v	wered to execute this report	as required by Chapter 6	i07, Florida Statutes; and that my r	name appears in Block 19 or Block 11 if	
of the co	rporation or the receiver or trustee empo d, or on an attachment with an address. v	wered to execute this report	as required by Chapter 6	i07, Florida Statutes; and that my r	aame appears in Block 19 or Block 11 if $80 \le 607 378$	