

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123518

Entity Name: TYDELAND DOMINICANA, INC.

FILED
Dec 21, 2007
Secretary of State

Current Principal Place of Business:

8140 W WATERS AVE STE D
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8140 W WATERS AVE STE D
TAMPA, FL 33615

New Mailing Address:

11751 SUMMER SPRINGS DRIVE
RIVERVIEW, FL 33579

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVALLE, ALEX
8140 W WATERS AVE STE D
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

OVALLE, BARBARA D
11751 SUMMER SPRINGS DRIVE
RIVERVIEW, FL 33579 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: BARBARA D. OVALLE

12/21/2007

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: D () Delete
Name: VENTURA, MAYRA D
Address: 8140 W WATERS AVE STE D
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: OVALLE, SIXTO A
Address: 8140 W WATERS AVE STE D
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OVALLE, BARBARA D
Address: 8140 W WATERS AVE STE D
City-St-Zip: TAMPA, FL 33615

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: BARBARA D. OVALLE

D

12/21/2007

Electronic Signature of Signing Officer or Director

Date