2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000148528

Entity Name: 8921 YEOMAN DR INC

Current Principal Place of Business:

603 KING ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

7629 OLD MIDDLEBURG ROAD S
JACKSONVILLE, FL 32222 US

Current Mailing Address:

603 KING ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

7629 OLD MIDDLEBURG ROAD S
JACKSONVILLE, FL 32222 US

FEI Number: 20-5960597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIDELA, FABIAN
603 KING ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

DIAZ, LUIS
7629 OLD MIDDLEBURG ROAD S
JACKSONVILLE, FL 32222 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: LUIS DIAZ 04/30/2008
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: PD ( ) Delete
Name: VIDELA, FABIAN
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD ( ) Delete
Name: DIAZ, LUIS
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D ( ) Delete
Name: LIMONGI, FRANCISCO
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VIDELA, FABIAN
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: PST (X) Change ( ) Addition
Name: DIAZ, LUIS
Address: 7629 OLD MIDDLEBURG ROAD S
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: D (X) Change ( ) Addition
Name: LIMONGI, FRANCISCO
Address: 7629 OLD MIDDLEBURG ROAD S
City-St-Zip: JACKSONVILLE, FL 32222 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: FABIAN VIDELA D 04/30/2008
Electronic Signature of Signing Officer or Director Date