

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000154678

FILED
Sep 28, 2008
Secretary of State

Entity Name: ADVANTAGE INTERCONNECTIONS, INC.

Current Principal Place of Business:

8509 SUITE 100 SUNSTATE ST.
TAMPA, FL 33634

New Principal Place of Business:

8509 SUNSTATE ST.
SUITE 100
TAMPA, FL 33634

Current Mailing Address:

P.O. BOX 17757
TAMPA, FL 33682

New Mailing Address:

P.O. BOX 17759
TAMPA, FL 33682

FEI Number: 20-8181406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GAYLE, DEBRA
19709 PRINCE BENJAMIN DR
LUTZ, FL 33549 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: DEBRA GAYLE

09/28/2008

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: PRES () Delete
Name: GAYLE, SUZANNE S
Address: 19709 PRINCE BENJAMIN DR
City-St-Zip: LUTZ, FL 33549

Title: V P () Delete
Name: GAYLE, DEBRA J
Address: 19709 PRINCE BENJAMIN DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBRA GAYLE

VP

09/28/2008

Electronic Signature of Signing Officer or Director

Date