2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# P07000004007

Entity Name: FD3 TECHNOLOGY, INC.

Current Principal Place of Business:

8248 WOODGROVE ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8248 WOODGROVE ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD, SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

MATHIS & MURPY, PA
50 NORTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202 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: LAURIE M. LEE, ESQ. 02/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HELQUIST, ALAN E
Address: 8248 WOODGROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DCEO (X) Delete
Name: POWERS, GAYLON K
Address: 7901 MOUNT RANIER DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Delete
Name: POWERS, GAYLON K
Address: 7901 MOUNT RANIER DR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POWERS, GAYLON K
Address: 7901 MOUNT RANIER DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: GAYLON POWERS D 02/16/2009
Electronic Signature of Signing Officer or Director Date