

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000075598

**FILED**  
**Nov 22, 2008**  
**Secretary of State**

**Entity Name:** NEDSON DAVIS - N/D CORP.

**Current Principal Place of Business:**

511 N. 23RD ST.  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

511 N. 23RD ST.  
FT. PIERCE, FL 34950

**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:**

BROOKS, KARAYA  
511 N. 23RD ST.  
FT. PIERCE, FL 34950      US

**Name and Address of New Registered Agent:**

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: OREN, REECE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO                      ( ) Delete  
Name: DAVIS, NEDSON  
Address: 511 N. 23RD ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: VCFO                      ( ) Delete  
Name: BROOKS, KARAYA  
Address: 511 N. 23RD ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRES                      ( ) Change (X) Addition  
Name: REECE, OREN A  
Address: 1025 MARTINIQUE AVE  
City-St-Zip: FORT PIERCE, FL 34982

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: OREN REECE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR

11/22/2008

\_\_\_\_\_  
Date