

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000083406

**FILED**  
**Dec 22, 2009**  
**Secretary of State**

**Entity Name:** ADVERSITY MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

2560 COMMERCE PARKWAY  
NORTH PORT, FL 34289

**New Principal Place of Business:**

**Current Mailing Address:**

2560 COMMERCE PARKWAY  
NORTH PORT, FL 34289

**New Mailing Address:**

23407 ALTMAN AVE  
PORT CHARLOTTE, FL 33980

**FEI Number:** 26-0579928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISELEV, LUBOV  
2560 COMMERCE PARKWAY  
NORTH PORT, FL 34289 US

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

KISELEV, LUBOV  
23407 ALTMAN AVE  
PORT CHARLOTTE, FL 33980 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: LUBOV KISELEV

12/22/2009

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: PST ( ) Delete  
Name: KISELEV, LUBOV  
Address: 2560 COMMERCE PKWY  
City-St-Zip: NORTH PORT, FL 34289

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

Title: PST (X) Change ( ) Addition  
Name: KISELEV, LUBOV  
Address: 23407 ALTMAN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

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: LUBOV KISELEV

P

12/22/2009

Electronic Signature of Signing Officer or Director

Date