

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000132129

Entity Name: D&T CONTRACTORS, CO.

FILED
Nov 05, 2009
Secretary of State

Current Principal Place of Business:

7 FLAT ROCK LANE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

7 FLAT ROCK LANE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 26-1177673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
9766 OLD ST AUGUSTINE RD
#2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

TAX DIRECT
5619 INTERNATIONAL DR
ORLANDO, FL 32819 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: JOSE JARDIM JUNIOR

11/05/2009

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: P (X) Delete
Name: DA SILVEIRA, TATIANA
Address: 7 FLAT ROCK LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: VP () Delete
Name: SOUZA, DIONES
Address: 7 FLAT ROCK LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: S () Delete
Name: FERREIRA, FLAVIO
Address: 7 FLAT ROCK LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: S () Delete
Name: PEREIRA, NILSON
Address: 7 FLAT ROCK LANE
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SOUZA, DIONES
Address: 7 FLAT ROCK LANE
City-St-Zip: PALM COAST, FL 32137 US

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: DIONES SOUZA

P

11/05/2009

Electronic Signature of Signing Officer or Director

Date