

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000029612

Entity Name: DAVID GAMACHE, INC.

FILED  
Oct 10, 2009  
Secretary of State

## Current Principal Place of Business:

2925 NW 9TH TERRACE  
WILTON MANORS, FL 33311

## New Principal Place of Business:

300. E. OAKLAND PARK BLVD.  
#269  
WILTON MANORS, FL 33334 US

## Current Mailing Address:

2925 NW 9TH TERRACE  
WILTON MANORS, FL 33311

## New Mailing Address:

300. E. OAKLAND PARK BLVD.  
#269  
WILTON MANORS, FL 33334 US

FEI Number: 26-2237615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMACHE, DAVID P  
2925 NW 9TH TERRACE  
WILTON MANORS, FL 33311 US

## Name and Address of New Registered Agent:

GAMACHE, DAVID P  
300 E. OAKLAND PARK BLVD. - #269  
WILTON MANORS, FL 33334 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: DAVID GAMACHE

10/10/2009

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 ( ) Delete  
Name: GAMACHE, DAVID P  
Address: 2925 NW 9TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33311

Title: S ( ) Delete  
Name: GAMACHE, DAVID P  
Address: 2925 NW 9TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33311

Title: T (X) Delete  
Name: SAURER, VALERIE E  
Address: 291-D CAPE SHORES CIRCLE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP (X) Delete  
Name: SAURER, VALERIE E  
Address: 291-D CAPE SHORES CIRCLE  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAMACHE, DAVID  
Address: 300 E. OAKLAND PARK BLVD. - #269  
City-St-Zip: WILTON MANORS, FL 33334 US

Title: T (X) Change ( ) Addition  
Name: SAURER, VALERIE  
Address: P.O. BOX 321211  
City-St-Zip: COCOA BEACH, FL 32932 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: DAVID GAMACHE

P

10/10/2009

Electronic Signature of Signing Officer or Director

Date