

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 16, 2009  
Secretary of State**

DOCUMENT# P08000089361

Entity Name: SARAH DIMARIA INC.

**Current Principal Place of Business:**

2208 SW 49TH ST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2208 SW 49TH ST  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 80-0282032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIMARIA, SARAH E  
2208 SW49TH ST  
CAPE CORAL, FL 33914    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: SARAH DIMARIA

\_\_\_\_\_  
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: DIMARAI, SARAH E  
Address: 2208 SW 49TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP ( ) Delete  
Name: DIMARIA, JOHN J JR  
Address: 2208 SW 49TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S ( ) Delete  
Name: DIMARIA, SARAH E  
Address: 2208 SW 49TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T ( ) Delete  
Name: DIMARIA, SARAH E  
Address: 2208 SW49TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

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

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

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

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: SARAH DIMARIA

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

P

10/16/2009

\_\_\_\_\_  
Date