

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000076619

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** TROIANO PROPERTY SOLUTIONS, INC.

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVENUE,STE. #113  
TAMPA, FL 33626

**New Principal Place of Business:**

12157 W. LINEBAUGH AVENUE  
STE. #113  
TAMPA, FL 33626

**Current Mailing Address:**

12157 W. LINEBAUGH AVENUE,STE. #113  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 27-0926773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TROIANO, BRIAN  
12157 W. LINEBAUGH AVENUE,STE. #113  
TAMPA, FL 33626      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:** BRIAN TROIANO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** TROIANO, BRIAN  
**Address:** 12157 W. LINEBAUGH AVENUE,STE. #113  
**City-St-Zip:** TAMPA, FL 33626

**Title:** VPD  
**Name:** TROIANO, JENNIFER  
**Address:** 12157 W. LINEBAUGH AVENUE,STE. #113  
**City-St-Zip:** TAMPA, FL 33626

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN TROIANO

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

PD

10/21/2010

\_\_\_\_\_  
Date