

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000043466

Entity Name: DEAD AURA LIVE INC.

**FILED**  
**Feb 08, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

331 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

331 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844 US

**New Mailing Address:**

FEI Number: 45-5245811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABUH, BRIDGET  
331 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844 US

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

ABUH, IDOKO F  
331 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844 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: IDOKO F ABUH

02/08/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D,P  
Name: ABUH, IDOKO  
Address: 331 VILLA SORRENTO CIRCLE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: S,T  
Name: ABUH, IDOKO  
Address: 331 VILLA SORRENTO CIRCLE  
City-St-Zip: HAINES CITY, FL 33844 US

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: IDOKO F ABUH

D,P

02/08/2014

Electronic Signature of Signing Officer or Director

Date