## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P95000073808

Entity Name: GELLYA, INC.

FILED Oct 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5147 US 98 N 5181 US 98 N

LAKELAND, FL 33809 US LAKELAND, FL 33809 US

**Current Mailing Address: New Mailing Address:** 

5147 US 98 N 5181 US 98 N

LAKLAND, FL 33809 US LAKLAND, FL 33809 US

FEI Number: 59-3339812 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MNASSA, GHASSANE MNASSA, GHASSANE 5147 US 98 NORTH 5181 US 98 NORTH LAKELAND, FL 33809 US LAKELAND, FL 33809 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: GHASSANE MNASSA 10/12/2009

> 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MNASSA, GHASSANE MNASSA, GHASSANE Name: Name: 5424 DEERBROOKE CREEK CR#6 Address: 19111 AUTUMNWOODS AVE Address:

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33647

Title: ٧S Title: VS (X) Change ( ) Addition () Delete

Name: MNASSA, LEILA F Name: MNASSA, LEILA F

5424 DEERBROOK CREEK CR #6 Address: 19111 AUTUMNWOODS AVE Address:

TAMPA, FL 33624 TAMPA, FL 33647 City-St-Zip: 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: GHASSANE MNASSA **PRES** 10/12/2009