2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P97000015694

Entity Name: G.L.D.V., INC.

Current Principal Place of Business:

2443 WALKERTOWN AVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

2443 WALKERTOWN AVE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 58-2289291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVY, NORMA JEAN
2443 WALKERTOWN AVE
DELTONA, FL 32725 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: NORMA JEAN DAVY
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: PD ( ) Delete
Name: DAVY, NORMA J
Address: 2443 WALKERTOWN AVE
City-St-Zip: DELTONA, FL 32725

Title: VD ( ) Delete
Name: VALENTE, SHERWOOD B
Address: 2443 WALKERTOWN AVE
City-St-Zip: DELTONA, FL 32725

Title: SD ( ) Delete
Name: GLATZ, WILLIAM J
Address: 1888 VIENNA AVE
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete
Name: LANDERS, LUCILLE
Address: 2766 NEWMARK DRIVE
City-St-Zip: DELTONA, FL 32738

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: NORMA JEAN DAVY RA 10/13/2009
Electronic Signature of Signing Officer or Director Date