

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000056230

Entity Name: INTERCHANGE THIRTY-TWO, INC.

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

3005 CARING WAY
A
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3005 CARING WAY
A
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0791955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORICCO, CARLO J
3005 CARING WAY
A
PORT CHARLOTTE, FL 33952 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: CARLO J. LORICCO

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: D () Delete
Name: CARMELLO, SANDRA
Address: 25301 HARBORVIEW ROAD
City-St-Zip: CHAWRLLOTTE HARBOR, FL 33980

Title: PD () Delete
Name: LORICCO, CARLO J
Address: 3005 CARING WAY SUITE A
City-St-Zip: PT. CHARLOTTE, FL 33952

Title: SD () Delete
Name: CARMELLO, JOSEPH
Address: 25301 HARBORVIEW RD.
City-St-Zip: CHARLOTTE HARBOR, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLO J. LORICCO

PD

10/13/2005

Electronic Signature of Signing Officer or Director

Date