2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 18, 2006
Secretary of State

DOCUMENT# P98000039946

Entity Name: GREGORY MAIDA, INC.

Current Principal Place of Business:

5805 FALL FLOWER CT
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

5805 FALL FLOWER CT
PORT ST LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0832637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAIDA, GREGORY
5805 FALL FLOWER CT
PORT ST LUCIE, FL 34986 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: GREGORY MAIDA

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: P ( ) Delete
Name: MAIDA, GREGORY
Address: 5805 FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP ( ) Delete
Name: MAIDA, FRED
Address: 5805 FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: MAIDA, KAREN
Address: 5805 FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete
Name: DURANTE, JAMES
Address: 1634 CYCLE
City-St-Zip: PORT ST LUCIE, FL 34953

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 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: GREGORY MAIDA P 12/18/2006

Electronic Signature of Signing Officer or Director Date