

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000039946

Entity Name: GREGORY MAIDA, INC.

FILED  
Oct 10, 2007  
Secretary of State

## Current Principal Place of Business:

5805 FALL FLOWER CT  
PORT ST LUCIE, FL 34986 US

## New Principal Place of Business:

5803 FALL FLOWER CT  
PORT ST LUCIE, FL 34986 US

## Current Mailing Address:

5805 FALL FLOWER CT  
PORT ST LUCIE, FL 34986 US

## New Mailing Address:

5803 FALL FLOWER CT  
PORT ST LUCIE, FL 34986 US

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:

MAIDA, GREGORY  
5803 FALL FLOWER CT  
PORT ST LUCIE, FL 34986 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: GREGORY MAIDA

10/10/2007

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: P (X) Change ( ) Addition  
Name: MAIDA, GREGORY  
Address: 5803 FALL FLOWER CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change ( ) Addition  
Name: MAIDA, FRED  
Address: 5803 FALL FLOWER CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change ( ) Addition  
Name: MAIDA, KAREN  
Address: 5803 FALL FLOWER CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: KAREN MAIDA

S

10/10/2007

Electronic Signature of Signing Officer or Director

Date