

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 11 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072006 REIN-P CR2E098 (11/05)

DOCUMENT # S61328 1. Entity Name NEIDA, INC.					
Principal Place of Business 18404 TREEHAVEN DRIVE HUDSON, FL 34667		Mailing Address 18404 TREEHAVEN DRIVE HUDSON, FL 34667			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3079418	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILIOURAS, ATHANASIOS 18404 TREEHAVEN DR. HUDSON, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE: <i>Athanasios Piliouras</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			ANTHANASIOS PILIOURAS <small>(NOTE: Registered Agent signature required when reinstating)</small>		10-7-06 <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILIOURAS, ATHANASIOS 18404 TREEHAVEN DR. HUDSON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080740016 10/11/06--01071--004 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILIOURAS, SAMUEL 18404 TREEHAVEN DR. HUDSON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Samuel Piliouras</i>		SAMUEL PILIOURAS		10-7-06	352 628-1336
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

7C 10/17