2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V44405

Entity Name: NOVEMBER 1 CORP.

FILED Oct 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

404 WASHINGTON AVE SUITE 650

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

404 WASHINGTON AVE SUITE 650

MIAMI BEACH, FL 33139 US

FEI Number: 65-0356771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LITMAN, NEAL S., ESQ. 2900 SW 28TH TÉRR 2ND FL **GROVE PLAZA**

SUNSET ISLAND III MIAMI, FL 33133 US MIAMI BEACH, FL 33140 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: JERRY POWERS 10/27/2008

> Electronic Signature of Registered Agent Date

> > Title:

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: () Delete POWERS, JERRY Name:

404 WSHINGTON AVE SUITE 650 Address:

City-St-Zip: MIAMI BEACH, FL

() Delete Title: **VPS** POWERS, SANDI

Name:

404 WQSHINGTON AVE SUITE 650 Address: MIAMI BEACH, FL City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition POWERS, JERRY Name:

POWERS, JERRY PT

2300 SUNSET DRIVE

Address: 404 WSHINGTON AVE SUITE 650

City-St-Zip: MIAMI BEACH, FL 33139

Title: **VPS** (X) Change () Addition

Name: POWERS, SANDI

Address: 404 WASHINGTON AVE SUITE 650

MIAMI BEACH, FL 33139 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: JERRY POWERS PT 10/27/2008