

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G26837

FILED
Feb 13, 2007
Secretary of State

Entity Name: MULTI SERVICE SYSTEMS, INC.

Current Principal Place of Business:

1850 N.W. 33RD STREET
POMPAÑO BEACH, FL 33064

New Principal Place of Business:

1009 S.E. 9TH AVENUE
DEERFIELD BEACH, FL 33441

Current Mailing Address:

1850 N.W. 33RD STREET
POMPAÑO BEACH, FL 33064

New Mailing Address:

1009 S.E. 9TH AVENUE
DEERFIELD BEACH, FL 33441

FEI Number: 59-2266762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISTIMAKI, CHARLES
1850 NW 33RD ST
POMPAÑO BCH., FL 33064 US

Name and Address of New Registered Agent:

RISTIMAKI, CHARLES
1009 S.E. 9TH AVENUE
DEERFIELD BEACH, FL 33441 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: CHARLES RISTIMAKI

02/13/2007

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: PST () Delete
Name: RISTIMAKI, CHARLES,
Address: 1009 S.E. 9TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL

Title: D () Delete
Name: RISTIMAKI, CHARLES,
Address: 1009 S.E. 9TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: RISTIMAKI, CHARLES,
Address: 1009 S.E. 9TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL

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: CHARLES RISTIMAKI

PRES

02/13/2007

Electronic Signature of Signing Officer or Director

Date