


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

## FILED

08 DEC 24 PM 12: 53


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000050241</b> 1. Entity Name ADMINYSYS SERVICES, INC.	
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Principal Place of Business 2401-B W PLATT STREET TAMPA, FL 33609-3343	Mailing Address 2401-B W PLATT STREET TAMPA, FL 33609-3343
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address P.O. Box 18122  Suite, Apt #, etc.
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City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 20-0894225	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33679-8122	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



12192008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent  NIETO, GEORGE G 4703 W KENSINGTON AVE TAMPA, FL 33629	7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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.

SIGNATURE: *George G. Nieto* GEORGE G. NIETO 12/19/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	NIETO, GEORGE
STREET ADDRESS	4703 W KENSINGTON AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VD <input type="checkbox"/> Delete
NAME	NIETO, CELIA E
STREET ADDRESS	4703 W KENSINGTON AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 the attachment with an address, with all other like empowered.

SIGNATURE: *George G. Nieto* GEORGE G. NIETO 12/19/08 813-258-8091  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tns Phone #