NOV. 8. 2010 11:39AM CSC

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -8 PM 1:13

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000070098

1. Corporation Name

A1 VIRTUAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2734 LAKE GRASSMERE CIRCLE		2734 LAKE GRASSMERE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ZELLWOOD, FL		ZELLWOOD, FL	
Zip	Country	Zip	Country
32798	USA	32798	USA

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 08/20/2009

5. FEI Number 27-0775244 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Jeanine Reynolds as its agent — REGISTERED AGENT MUST SIGN — Date 11-8-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JANIS L. RILEY	2734 LAKE GRASSMERE CIR.	ZELLWOOD, FL 32798

B 11/8/10

REINSTATEMENT 10

10. E-mail Address: janisriley@embarqmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Janis L Riley 11/2/10 407-880-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
A1 VIRTUAL SERVICES, INC.

Certificate of Status	0
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