

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000035648

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Entity Name:** DISASTER OPERATIONS AND SERVICES, INC.

**Current Principal Place of Business:**

14286-19 BEACH BLVD.  
SUITE 223  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

13500 SUTTON PARK DRIVE SOUTH  
SUITE 402  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

14286-19 BEACH BLVD.  
SUITE 223  
JACKSONVILLE, FL 32250

**New Mailing Address:**

13500 SUTTON PARK DRIVE SOUTH  
SUITE 402  
JACKSONVILLE, FL 32224

**FEI Number:** 27-0141093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, C. HOLT III, ESQ.  
233 E. BAY ST., STE. 930  
JACKSONVILLE, FL 32202 US

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

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: C. HOLT SMITH III

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BENIGNI, GABRIELLE E  
Address: 529 SUNSET DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: GRADY, CYNTHIA C  
Address: 13793 WATERCHASE WAY  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: GABRIELLE BENIGNI

D

06/28/2010

Electronic Signature of Signing Officer or Director

Date