

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F06000005862

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Entity Name:** MSI INVENTORY SERVICE CORPORATION

**Current Principal Place of Business:**

105 KATHERINE DRIVE  
BUILDING D  
FLOWOOD, MS 39232

**New Principal Place of Business:**

105 KATHERINE DRIVE  
BUILDING D  
FLOWOOD, MS 39232 UN

**Current Mailing Address:**

POST OFFICE BOX 320129  
FLOWOOD, MS 39232

**New Mailing Address:**

**FEI Number:** 64-0679640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

NRAI SERVICES INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PATRICIA A. BOVERIE

04/15/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPT  
Name: MCCLAIN, JAMES O  
Address: 962 COUNTY LINE ROAD  
City-St-Zip: MENDENHALL, MS 39114

Title: CVS  
Name: MCCLAIN, SANDRA B  
Address: 962 COUNTY LINE ROAD  
City-St-Zip: MENDENHALL, MS 39114

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: JAMES O MCCLAIN

P

04/15/2014

Electronic Signature of Signing Officer or Director

Date