

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006731

Entity Name: AFS SERVICES, INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

4618 W. SYLVAN RAMBLE STREET
TAMPA, FL 336094238

New Principal Place of Business:

New Mailing Address:

C/O AFS (D. ROY)
25 ENTERPRISE CENTER, SUITE 200
MIDDLETOWN, RI 02842

Current Mailing Address:

4618 W. SYLVAN RAMBLE STREET
TAMPA, FL 336094238

FEI Number: 20-1741320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR
200 AVIATIONA DRIVE, SUITE 2
NAPLES, FL 34104 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: LOUIS M MEINERS JR

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HARDIMAN, DENNIS
Address: 4618 W. SYLVAN RAMBLE STREET
City-St-Zip: TAMPA, FL 336094238

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARDIMAN, DENNIS
Address: 4618 W. SYLVAN RAMBLE STREET
City-St-Zip: TAMPA, FL 33609

Title: T () Change (X) Addition
Name: BARBER, ROBERT
Address: 25 ENTERPRISE CENTER, SUITE 200
City-St-Zip: MIDDLETOWN, RI 02842

Title: S () Change (X) Addition
Name: ROY, DEANNA
Address: 25 ENTERPRISE CENTER, SUITE 200
City-St-Zip: MIDDLETOWN, RI 02842

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEANNA ROY

S

10/14/2005

Electronic Signature of Signing Officer or Director

Date