

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002343

FILED
Jan 22, 2009
Secretary of State

Entity Name: NORTSHORE MAINLAND SERVICES INC.

Current Principal Place of Business:

P.O. BOX N-7776 (SLOT 193)
LYFORD MANOR
LYFORD CAY, NASSAU BAHAMAS,

New Principal Place of Business:

1200 PINE ISLAND ROAD
SUITE 725
PLANTATION, FL 33324 US

Current Mailing Address:

P.O. BOX N-7776 (SLOT 193)
LYFORD MANOR
LYFORD CAY, NASSAU BAHAMAS,

New Mailing Address:

10000 NW 25 STREET
UNIT 1
MIAMI, FL 33172 US

FEI Number: 20-2459087

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:

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: MICHAEL CAMBARERI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELANEY, DAPHNE C
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS,

Title: D () Delete
Name: FAWKES, DAVID
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS,

Title: S () Delete
Name: GODET, TONI
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELANEY, DAPHNE C
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS, OC OC

Title: D (X) Change () Addition
Name: FAWKES, DAVID
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS, OC OC

Title: S (X) Change () Addition
Name: GODET, TONI
Address: P.O. BOX N-7776 (SLOT 193)
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS, OC OC

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID FAWKES

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date