

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000005487

FILED
Oct 10, 2006
Secretary of State

Entity Name: JAPH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

906 BLOOMINGDALE DR.
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 80751
CONYERS, GA 30013

New Mailing Address:

FEI Number: 58-2396657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECTOR, PATRICK L
906 BLOOMINGDALE DR.
DAVENPORT, FL 33897 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: PATRICK L HECTOR

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: PC () Delete
Name: HECTOR, PATRICK L CPA
Address: 906 BLOOMINGDALE DR.
City-St-Zip: DAVENPORT, FL 33897

Title: S () Delete
Name: FRANCIS, RARLENE
Address: 906 BLOOMINGDALE DR.
City-St-Zip: DAVENPORT, FL 33897

Title: T () Delete
Name: HECTOR, JOAN A
Address: 906 BLOOMINGDALE DR.
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS (X) Change () Addition
Name: FRANCIS, KARLENE
Address: 906 BLOOMINGDALE DR.
City-St-Zip: DAVENPORT, FL 33897

Title: MRS (X) Change () Addition
Name: HECTOR, JOAN A
Address: 906 BLOOMINGDALE DR.
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK L HECTOR

Electronic Signature of Signing Officer or Director

MR

10/10/2006

Date