2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0600000	5797		FILED
1. Entity Name PREMISE TECHNICAL SERVICES, INC.			08 DEC 17 PM 12: 25
		CO 117	SECRETARY OF STATE TALLAHASSEE, FLOOR
Principal Place of Business	Mailing Address		TALLAHASSEE, FI (1-1)
4410 SE 16TH PLACE - STE 2 Cape Coral, FL 33904	4410 SE 16TH PLAC CAPE CORAL, FL 33		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CALL COUNTE, LE 33304	CALL COMME, IL 33	304	
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address) 100000 UN 0000 UN 0000 UNU 0000 UUN 0
Suite, Apt. #, etc. Suite, Apt. #, etc.			TO ESTATORIA CONTRACTORIA AND AND AND AND AND AND AND AND AND AN
Suite, Apt. #, etc.			REPOSTATEMENT CO
City & State	City & State		4. FEI Number Applied For
(76-0838783 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
Name DAVIN E. Cook			
BODENDUKFER, IDE			
4410 SE 16TH DLACE - SPE 2 CAPE COBAL, FL 32904			10 S.E. 16 # PLACE
		1	Suite *2
	<i>(</i> 1)	City	CARR CORAL FL ZIP 52990 Y
• The chairs as mad actify of behits this statement	tofalla purposadal abassina	ita registered etting er s	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	or the purposever analiging	its registered office or r	registered agent, or poin, in the state of honoa. I am familial with, and accept
SIGNATURE Signature, typed or printed name of registered ager	n and this it duplicable. (N	IOTE: Registered Agent signatu	ure required when reinstating) DATE
FILE NOW!!! FEE 18 \$150.00 After January 1, 2009, Fee will be \$300.	00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME COOK, DAVE	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 4410 SE 16TH PLACE - STE 2		STREET ADDRESS	000138286450 11/26/0801028007 **150.00
CITY-ST-ZIP CAPE CORAL, FL 33904		CITY-ST-ZIP	11/26/0801028007 **150.00
TITLE VPC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME HOLT, LARRY		NAME	
STREET ADDRESS 822-A E HANOVER RD CITY-ST-ZIP GRAHAM, NC 27253		STREET ADDRESS CITY ST-ZIP	
TITLE VPVC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME HOLT, DARRELL	i_j Delete	NAME	
STREET ADDRESS 822-A E HANOVER RD		STREET ADDRESS	_
CITY-ST-ZIP GRAHAM, NC 27253		CITY-ST-ZIP	CRIT
TITLE SD	Delete	TITLE	REINSTATEMEDIAGE Addition
NAME SCHNEIDER, TONY STREET ADDRESS 822-A E HANOVER RD		NAME STREET ADDRESS	
CITY-ST-ZIP GRAHAM, NC 27253		CITY-ST-ZIP	REAL
TITLE TD	Delete	TITLE	☐ Change ☐ Addition
NAME BODE OORFEELEE	Delete	NAME	C Oldings C Position
STREET ADDRESS 4440 SE 164 H PLACE - STE 2		STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 33904		CITY-ST-ZIP	
IITLE	Delete	TITLE	Change Addition
NAME STREET ADDRESS		, NAME STREET ADDRESS	20.00
CITY-ST-ZIP		CITY-ST-ZIP	JC12111
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if			
changed, or on an attachment with an address, with all over the employered.			
SIGNATURE 11- 20-08-			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			