

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000006797					
1. Entity Name PREMISE TECHNICAL SERVICES, INC.					
Principal Place of Business 4410 SE 16TH PLACE - STE 2 CAPE CORAL, FL 33904			Mailing Address 4410 SE 16TH PLACE - STE 2 CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 76-0838783	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BODENDORFER, LEE 4410 SE 16TH PLACE - STE 2 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name: DAVID E. COOK Street Address (P.O. Box Number is Not Acceptable): 4410 SE 16th Place Suite #2 City: CAPE CORAL FL 33904		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$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 AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME COOK, DAVE STREET ADDRESS 4410 SE 16TH PLACE - STE 2 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 000138286450 CITY-ST-ZIP 11/26/08--01028--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPC NAME HOLT, LARRY STREET ADDRESS 822-A E HANOVER RD CITY-ST-ZIP GRAHAM, NC 27253	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPVC NAME HOLT, DARRELL STREET ADDRESS 822-A E HANOVER RD CITY-ST-ZIP GRAHAM, NC 27253	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SCHNEIDER, TONY STREET ADDRESS 822-A E HANOVER RD CITY-ST-ZIP GRAHAM, NC 27253	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BODENDORFER, LEE STREET ADDRESS 4410 SE 16TH PLACE - STE 2 CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 other like empowered.					
SIGNATURE				11-20-08-	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

FILED
08 DEC 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FL 32301



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2/21/17