

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000002546

FILED
Oct 24, 2008
Secretary of State

Entity Name: NATIVE AMERICAN SERVICES CORP

Current Principal Place of Business:

201 "K" STREET
SMELTERVILLE, ID 83868

New Principal Place of Business:

201 K STREET
SMELTERVILLE, ID 83868

Current Mailing Address:

PO BOX 489
SMELTERVILLE, ID 83868

New Mailing Address:

FEI Number: 84-1449170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSSI, CHARLES
767 BLANDING STE 106
ORANGE PARK, FL 32065 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: CHARLES ROSSI

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: P () Delete
Name: JAMES, MATTHEW
Address: PO BOX 489
City-St-Zip: SMELTERVILLE, ID 83868

Title: V () Delete
Name: SHEPPARD, DENNIS
Address: PO BOX 489
City-St-Zip: SMELTERVILLE, ID 83868

Title: ST () Delete
Name: MAYER, KENNETH
Address: PO BOX 489
City-St-Zip: SMELTERVILLE, ID 83868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: LUNA, RICK
Address: PO BOX 489
City-St-Zip: SMELTERVILLE, ID 83868

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: MATTHEW JAMES

P

10/24/2008

Electronic Signature of Signing Officer or Director

Date