

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004184

FILED
Oct 15, 2008
Secretary of State

Entity Name: OMNI MANAGEMENT SERVICES INC.

Current Principal Place of Business:

4138 NORTH KEYSTONE AVE.
INDIANAPOLIS, IN 46205

New Principal Place of Business:

Current Mailing Address:

4138 NORTH KEYSTONE AVE.
INDIANAPOLIS, IN 46205

New Mailing Address:

FEI Number: 73-1637869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEHR, TIM
27499 RIVERVIEW CENTER BLVD.
#134
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

LOEHR, TIM
27499 RIVERVIEW CENTER BLVD.
#238
BONITA SPRINGS, FL 34134 US

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: TIMOTHY LOEHR

10/15/2008

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: CHRM () Delete
Name: LOEHR, TIM
Address: 4138 NORTH KEYSTONE AVE.
City-St-Zip: INDIANAPOLIS, IN 46205

Title: VCHR () Delete
Name: MOWERY, NALINI
Address: 4138 NORTH KEYSTONE AVE.
City-St-Zip: INDIANAPOLIS, IN 46205

Title: P () Delete
Name: LOEHR, TIM
Address: 4138 NORTH KEYSTONE AVE.
City-St-Zip: INDIANAPOLIS, IN 46205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NALINI MOWERY

VCHR

10/15/2008

Electronic Signature of Signing Officer or Director

Date