

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000005119

FILED
Oct 09, 2009
Secretary of State

Entity Name: PROFESSIONAL AUTOMOTIVE RELOCATION SERVICES, INC.

Current Principal Place of Business:

4150 WEEKS DRIVE
WARRENTON, VA 20186

New Principal Place of Business:

4150 WEEKS DRIVE
WARRENTON, VA 20187

Current Mailing Address:

4150 WEEKS DRIVE
WARRENTON, VA 20186

New Mailing Address:

4150 WEEKS DRIVE
WARRENTON, VA 20187

FEI Number: 54-1923462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DEBBIE SKIPPER

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: PD () Delete
Name: RASMUSSEN, LORI J
Address: 2111 LIRIO COURT
City-St-Zip: RESTON, VA 20191

Title: VD () Delete
Name: CHRISTIANO, JAMES
Address: 8186 LEES RIDGE ROAD
City-St-Zip: WARRENTON, VA 20186

Title: TD () Delete
Name: CHRISTIANO, MARILYN
Address: 8186 LEES RIDGE ROAD
City-St-Zip: WARRENTON, VA 20186

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: LORI J. RASMUSSEN

PRES

10/09/2009

Electronic Signature of Signing Officer or Director

Date