2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT										
OCUMENT # F9300004263 Entity Name SONDAY SERVICES, INC.					2006 OCT -9 PM 1:31					
Principal Plac		Mailing Address		SECRETARY OF STATE TALLAHASSEE.FLORIDA						
4909 OLEANDER AVENUE FORT PIERCE, FL 34982		4909 OLEANDER AVENUE FORT PIERCE, FL 34982			170					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10052006	REIN-P	CR2E09	98 (11/05)			
City & State		City & State		4. FEI Numbe 06-1361				oplied For ot Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add ee Require		
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New R	egistered A	gent		
PARENTEAU, BRUCE				Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)					
5714 NW ZENETH DR PORT SAINT LUCIE, FL 34986				Street Address	(F.O. BOX NUMBE	ris Not Acceptable				
							FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (N	IOTE: Register	 ed Agent signature requ	ired when reinstating)		DATE			
FILI	E NOW!!! FEE IS \$750.00									
	nuary 1, 2007, Fee will be \$900									
10.	OFFICERS AN		11.			CHANGES TO OFF			5 IN 11	
TITLE NAME STREET ADDRESS	P Delete PARENTEAU, BRUCE 5714 NE ZENTH DRIVE		TITL NAM STRI	1	7:]}[#][#]]/(1) (1)/(1)	005:	Change	☐ Addition	
CITY-ST-ZIP				-ST-ZIP						
NAME STREET ADDRESS	PARENTEAU, APRIL 60 GIBSON HILL ROAD			EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP	STERLING, CT 06377		TITL	-ST-ZIP E		<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	N S			EET ADDRESS '- ST- ZIP				,		
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI		_			Change	Addition	
CITY-ST-ZIP			CITY	-SI-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		I				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and the powered to execute this repr	at my signa ort as requ	ture shall have the	same legal effect	as if made under d	ath: that La	m an officer	or director 1	

MIla

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

REF: Sonday Services, Inc. Document # F93000004263

Please find enclosed the Corporate Annual Report for Sonday Services Inc. and an accompanying check in the amount of \$150. I request that you accept this payment and waive the late fee. Sonday Services Inc. does its utmost to comply with all federal and state regulations and, unfortunately, our originally prepared Corporate Annual Report was apparently lost in the mail somewhere between our accountant's and our business offices. Neither realized the problem until we received our late notice for you a few days ago.

Thank you in advance for your consideration

Sincerely
Lino Pullo

Gino Rullo