

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000001861

1. Entity Name  
ACE RELOCATION SYSTEMS, INC.



FILED

2008 JAN 31 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01302008 REIN-P CR2E098 (1/07) 07-08

Principal Place of Business  
5608 EASTGATE DRIVE  
SAN DIEGO, CA 92121

Mailing Address  
5608 EASTGATE DRIVE  
SAN DIEGO, CA 92121

2. Principal Place of Business - No P.O. Box #  
2507 INVESTORS WAY  
Suite, Apt. #, etc.  
SUITE 400

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
ORLANDO Florida  
Zip  
32837

City & State  
Country  
Zip  
ORANGE

4. FEI Number  
91-0652945  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WESTWOOD, THOMAS  
13349 BUTLER BLVD  
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent  
Name  
THOMAS WESTWOOD  
Street Address (P.O. Box Number is Not Acceptable)  
13377 LAKE BUTLER BLVD  
City  
WINTER GARDEN FL Zip Code  
34787

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 Tom Westwood DATE 1-30-08  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LAMMERS, REGINALD T 5608 EASTGATE DRIVE SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO MCARDLE, WILLIAM 5608 EASTGATE DRIVE SAN DIEGO, CA 92121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMMERS, KATHLEEN R 5608 EASTGATE DRIVE SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAMMERS, LAWRENCE R 5608 EASTGATE DRIVE SAN DIEGO, CA 92121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMMERS, DANIEL J 5608 EASTGATE DRIVE SAN DIEGO, CA 92121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500116579185 01/31/08--01035--004 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Wm. Cardle JAN 30 - 2008 8586775500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #