

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L68449

FILED  
Nov 11, 2013  
Secretary of State

**Entity Name:** OPTIMAL FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

216 ADAMS AVENUE  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

216 ADAMS AVENUE  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 65-0184727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANAGAN, JOANN M.  
216 ADAMS AVENUE  
CAPE CANAVERAL, FL 32920 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: JOANN M BRANAGAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: BRANAGAN, JOANN M.  
Address: 216 ADAMS AVENUE  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VPD  
Name: BRANAGAN, WILLIAM J III  
Address: 216 ADAMS AVENUE  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

I hereby 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 all other like empowered.

SIGNATURE: JOANN M BRANAGAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/11/2013

\_\_\_\_\_  
Date