


2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P0000113464 1. Entity Name F E F SERVICE GROUP, INC.	
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FILED

2006 OCT 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 795 CONESTEE DR WEST MELBOURNE, FL 32904	Mailing Address 795 CONESTEE DR WEST MELBOURNE, FL 32904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09122006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent	
FROMMELT, EDWARD 795 CONESTEE DR WEST MELBOURNE, FL 32904	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	FROMMELT, EDWARD
STREET ADDRESS	795 CONESTEE DR
CITY - ST - ZIP	WEST MELBOURNE, FL 32904
TITLE	D <input type="checkbox"/> Delete
NAME	FROMMELT, FRAIDA
STREET ADDRESS	795 CONESTEE DR
CITY - ST - ZIP	WEST MELBOURNE, FL 32904
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400090874274
STREET ADDRESS	10/16/06--01041--011 **300.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Edward Frommelt Edward Frommelt 10-10-06 321 729-8286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/2006

212

115 Hickory St Suite 102
Melbourne, Fl 32904
Phone (321)729-8286

F E F Service Group, INC.

October 10, 2006

Florida Department of State
Divisions of Corporations

To whom it may concern:

I did not receive the post card in the mail last year or this year for registered our corporation. Plase
forgive your late charge at this timewe have sent a three hundred dollar payment thank you.

Sincerely,

Edward Frommelt
Edward Frommelt

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