

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000022098

FILED
Oct 07, 2005
Secretary of State

Entity Name: MORE ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

251 N 65TH WAY
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

251 N 65TH WAY
HOLLYWOOD, FL 33024

New Mailing Address:

P.O. BOX 245263
PEMBROKE PINES, FL 33024

FEI Number: 65-1082866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORADES, LUIS M
251 N. 65 WAY
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

MORALES, LUIS M
251 N. 65 WAY
HOLLYWOOD, FL 33024 US

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: LUIS M. MORALES

10/07/2005

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: DP () Delete
Name: MORALES, LUIS
Address: 251 N 65TH WAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP () Delete
Name: WORSHAM, PAMELA
Address: 339 HILLSIDE AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: MORALES, SOLANGE
Address: 3532 ARISTOTLE AVE
City-St-Zip: ORLANDO, FL 32826

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 for the exemption stated in Section 119.07(3)(i), 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: LUIS M. MORALES

DP

10/07/2005

Electronic Signature of Signing Officer or Director

Date