2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000058790

Entity Name: FORECLOSURE MANAGEMENT SERVICE, INC.

FILED Oct 02, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
12865 W DIXIE HWY MIAMI, FL 33161		20533 BISCAYNE BLVD. SUITE 4-166 AVENTURA, FL 33280	SUITE 4-166	
Current Mailing Address:		New Mailing Address:		
P O BOX 80-0225 AVENTURA, FL 33280		20533 BISCAYNE BLVD. SUITE 4-166 AVENTURA, FL 33280		
FEI Number: 65-1110005	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK WESTON, FL 33331	DRIVE, SUITE 4 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: LISA BEGG

Electronic Signature of Registered Agent

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete (X) Change () Addition Title: MACIER, RICHARD R MACIER, RICHARD R Name: Name: 12865 W DIXIE HWY Address: 20533 BISCAYNE BLVD. SUITE 4-166 Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: AVENTURA, FL 33280

(y-36-21). WILNIVII, I E 33-101 GICy-36-21). AVENTORA, I E 33-20

Title: () Delete Title: VD () Change (X) Addition
Name: HATCHER, ALLEN

Address: Address: 20533 BISCAYNE BLVD. SUITE 4-166

City-St-Zip: City-St-Zip: AVENTURA, FL 33280

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD MACIER PD 10/02/2007