

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000080717

Entity Name: HODGE SERVICES, INC.

FILED
Dec 03, 2004
Secretary of State

Current Principal Place of Business:

411 SW 7TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 343485
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 45-0483368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGE, CONSUELO
411 SW 7TH AVENUE
HOMESTEAD, FL 33030 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:

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: S () Delete
Name: HODGE, CONSUELO
Address: 411 SW 7TH AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: TD () Delete
Name: HODGE, NORMAN
Address: 411 SW 7TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORMAN L. HODGE, JR.

VP

12/03/2004

Electronic Signature of Signing Officer or Director

Date