

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000104666

FILED
Oct 03, 2008
Secretary of State

Entity Name: ASTOR MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2131 NW 139TH ST, UNIT 21
OPA LOCKA, FL 33054

New Principal Place of Business:

2131 NW 139TH ST
21
OPA LOCKA, FL 33054

Current Mailing Address:

2131 NW 139TH ST, UNIT 21
OPA LOCKA, FL 33054

New Mailing Address:

2131 NW 139TH ST
21
OPA LOCKA, FL 33054

FEI Number: 37-1444048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

ALEXIS DAY BENJAMIN, PA
5907 SHERIDAN ST
HOLLYWOOD, FL 33021 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: ALEXIS DAY BENJAMIN PA

10/03/2008

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: PD () Delete
Name: CAMPBELL, CHRISTOPHER H
Address: 3480 N.W. 203 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: SENIOR, TYRONE O
Address: 3641 NW 91 AVE.
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, CHRISTOPHER H
Address: 2131 NW 139 ST SUITE 21
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change () Addition
Name: HACKETT, JOHN
Address: 2131 NW 139 ST SUITE 21
City-St-Zip: OPA LOCKA, FL 33054

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: CHRISTOPHER CAMPBELL

PD

10/03/2008

Electronic Signature of Signing Officer or Director

Date