

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000003536

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: PROFESSIONAL CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

550 HIBISCUS RD.  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

## Current Mailing Address:

550 HIBISCUS RD.  
CASSELBERRY, FL 32707 US

## New Mailing Address:

FEI Number: 01-0779350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, LUIS D  
1937 SOUTH BLVD  
MAITLAND, FL 32751 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: LUIS DAVIS SILVA

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: P ( ) Delete  
Name: SILVA, FABIO  
Address: 2955 EMBASSY CT  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP ( ) Delete  
Name: SILVA, LUIS D  
Address: 550 HIBISCUS RD.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: FARFAN, DENNISON S  
Address: 1023 BARTLETT CT  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS DAVID SILVA

VP

02/27/2006

Electronic Signature of Signing Officer or Director

Date