

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000028984

1. Entity Name
CERTIFIED THERMOGRAPHIC SERVICES, INC.



Principal Place of Business
4931 WIDENER COURT #2
MELBOURNE, FL 32905

Mailing Address
4931 WIDENER COURT #2
MELBOURNE, FL 32905

2. Principal Place of Business

1512 Harvard Circle
Suite, Apt. #, etc.
Apt 2

3. Mailing Address

P O Box 60218

Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
Palm Bay FL

Zip 32905

Country U.S.

Zip 32905

Country U.S.

6. Name and Address of Current Registered Agent

SCHMITT, JOSEPH J
4931 WIDENER COURT
APT. 2
MELBOURNE, FL 32905

4. FEI Number
59 2912094

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Joseph J Schmitt
Street Address (P.O. Box Number is Not Acceptable)
1512 Harvard Circle Apt 2

Melbourne FL Zip Code 32905

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHMITT, JOSEPH J
STREET ADDRESS 4931 WIDENER COURT #2
CITY-ST-ZIP MELBOURNE, FL 32905

Delete

TITLE D
NAME CHAREST, SONYA
STREET ADDRESS 4931 WIDENER COURT
CITY-ST-ZIP MELBOURNE, FL 32905

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J Schmitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 FEB 11 PM 5:21

SECRETARY, STATE
TALLAHASSEE, FLORIDA



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Melbourne FL Zip Code 32905

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Jeffery S Schmitt Change Addition
100 Forest Point Lane V.P.
Longwood FL 32779

Joseph Schmitt Change Addition
1512 Harvard Circle Apt 2
Melbourne FL 32905 President

4000047786494
03/07/05--01005--021 **\$300.00

Change Addition

Change Addition

Change Addition

Change Addition

2/19/05 321-725-7069
Date Daytime Phone #