

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000035728

**FILED**  
**Jun 11, 2013**  
**Secretary of State**

**Entity Name:** SHEW-A-TJON HOME SERVICES, CO

**Current Principal Place of Business:**

2517 SW WESTFIELD STREET  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

1737 SW RUIZ TERRACE  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

P O BOX 880883  
PORT ST LUCIE, FL 34988 US

**New Mailing Address:**

**FEI Number:** 41-2087132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEW-A-TJON, MAGALIE  
2517 SW WESTFIELD ST  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

SHEW-A-TJON, MAGALIE  
1737 SW RUIZ TERRACE  
PORT ST LUCIE, FL 34953 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: MAGALIE SHEW-A-TJON

06/11/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: SHEW-A-TJON, MAGALIE  
Address: 1737 SW RUIZ TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby 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 all other like empowered.

SIGNATURE: MAGALIE SHEW-A-TJON

MRS.

06/11/2013

Electronic Signature of Signing Officer or Director

Date