

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000044709

FILED
Oct 07, 2005
Secretary of State

Entity Name: SERVICEFORCE COMMUNICATIONS OF FLORIDA, INC.

Current Principal Place of Business:

21415 CIVIC CENTER DRIVE
SUITE #115
SOUTHFIELD, MI 48076

New Principal Place of Business:

41621 ELEVEN MILE RD.
NOVI, MI 48375

Current Mailing Address:

21415 CIVIC CENTER DRIVE
SUITE #115
SOUTHFIELD, MI 48076

New Mailing Address:

41621 ELEVEN MILE RD.
NOVI, MI 48375

FEI Number: 56-2357104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, JOSEPH L
707 S.E. 3RD AVE
THIRD FLOOR
FT. LAUDERDALE, FL 33316 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: JOSEPH BERNSTEIN

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: PICK, JOSEPH A
Address: 6511-3 BAY CLUB DR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SVTD () Delete
Name: MCLAUGHLIN, JILL N
Address: 2838 N. BURLING STREET #2
City-St-Zip: CHICAGO, IL 60657

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: JOSEPH A. PICK

PD

10/07/2005

Electronic Signature of Signing Officer or Director

Date