## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000050060

Entity Name: GROUP SERVICE INTERNATIONAL, INC.

FILED May 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
151 S.W. 12TH AVENUE POMPANO BEACH, FL 33069				5600 COLLINS AVE 6-Y				
TOWN 7 WYO BET (OT), TE GOODS			MIAMI BEACH, FL 33140					
Current Mailing Address:				New Mailing Address:				
20111 NE 27 COURT K106 AVENTURA, FL 33180				5600 COLLINS AVE 6-Y MIAMI BEACH, FL 33140				
FEI Number:				El Number Not Applicable (X)  Certificate of Status Desired (				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
BRAVO, DO 5600 COLL 6Y MIAMI BEA		US						
The above in the State		bmits this statement for the pur	pose of	f changing it	s registered of	fice or reç	gistered agent, or both,	
SIGNATURE: DORIS BRAVO								
Electronic Signature of Registered Agent					Date			
Election Cam	paign Financing 1	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () D BRAVO, DORIS 20111 NE 27 COU AVENTURA, FL 3			Title: Name: Address: City-St-Zip:	D (X) BRAVO, DORIS 5600 COLLINS A MIAMI BEACH, F	,	) Addition	
Title: Name: Address: City-St-Zip:	D () D DIAZ, ALBERTO 20111 NE 27 COU AVENTURA, FL 3	JRT . #K106		Title: Name: Address: City-St-Zip:	D (X) DIAZ, ALBERTO 5600 COLLINS A MIAMI BEACH, F	4VE, 6-Y	) Addition	
Title: Name: Address: City-St-Zip:	D () D PISANO, MARIO 20111 NE 27 COU AVENTURA, FL 3	JRT . #K106		Title: Name: Address: City-St-Zip:	D (X) PISANO, MARIO 5600 COLLINS A MIAMI BEACH, F	4VE, 6-Y	) Addition	
Title: Name: Address: City-St-Zip:	D () D LAMAS, PAULA 20111 NE 27 COU AVENTURA, FL 3			Title: Name: Address: City-St-Zip:	D (X) LAMAS, PAULA 5600 COLLINS A MIAMI BEACH, F		) Addition	
Title: Name: Address: City-St-Zip:	D () D LAMAS, DORIS 20111 NE 27 COU AVENTURA, FL 3			Title: Name: Address: City-St-Zip:	D (X) LAMAS, DORIS 5600 COLLINS A MIAMI BEACH, F		) Addition	

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: DORIS BRAVO D 05/19/2009