

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000075011

**FILED**  
**Feb 20, 2008**  
**Secretary of State**

**Entity Name:** ADRIAN TIRON QUALITY SERVICE COMPANY

**Current Principal Place of Business:**

1333E HALLANDALE BEACH BLVD  
#438  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1333E HALLANDALE BEACH BLVD  
#438  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-0415670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIRON, ADRIAN  
1333E HALLANDALE BEACH BLVD  
#438  
HALLANDALE, FL 33009 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:** ADRIAN TIRON

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: TIRON, ADRIAN MR  
Address: 1333E HALLANDALE BEACH BLVD#438  
City-St-Zip: HALLANDALE, FL 33009

Title: V ( ) Delete  
Name: BARBA, ALINA MS  
Address: 1333E HALLANDALE BEACH BLVD #438  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: TIRON, ALINA MS  
Address: 1333E HALLANDALE BEACH BLVD #438  
City-St-Zip: HALLANDALE, FL 33009

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:** ALINA TIRON

MS

02/20/2008

Electronic Signature of Signing Officer or Director

Date