2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000086870

City-St-Zip:

PORT ORANGE, FL 32128

Entity Name: F & M PROFESSIONAL SERVICE INC

FILED Apr 19, 2006 Secretary of State

| Entity Name: F & M PROFESSIONAL SERVICE INC | | | | | |
|--|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | H NOVA ROA BEACH, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 860 NORTH NOVA ROAD DAYTONA BEACH, FL 32117 | | | 1900 MOFID LANE PORT ORANGE, FL 3 | 1900 MOFID LANE PORT ORANGE, FL 32128 | |
| FEI Number: | 20-0141930 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of 0 | Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| OLLER, MARISELA 1900 MOFID LANE PORT ORANGE, FL 32128 US | | | | | |
| The above in the State | | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: MARISEI | A OLLER | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). | t receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P,T (PINEIRO, FEL 1900 MOFID L PORT ORANG | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP,S (OLLER, MARIS 1900 MOFID L PORT ORANG | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D (REYES, LUZ 1900 MOFID L |) Delete ANE | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MARISELA OLLER VP 04/19/2006