


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000094002 1. Entity Name BOB SILVA MAINTENANCE SERVICE, INC.						FILED 05 OCT 13 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1418 CEDAR PINE DRIVE DELTONA, FL 32725				Mailing Address 1418 CEDAR PINE DRIVE DELTONA, FL 32725			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name ROBERT P. SILVA Street Address (P.O. Box Number is Not Acceptable) 1418 CEDAR PINE DR. City DELTONA FL Zip Code 32725			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>Robert Silva</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SILVA, ROBERT P 1418 CEDAR PINE DRIVE DELTONA, FL 32725			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060586701 10/13/05 01064 000 *1300-00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, MARY J 1418 CEDAR PINE DRIVE DELTONA, FL 32725			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Robert Silva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 10-10-05 (407) 402-5188 <small>Date Daytime Phone #</small>			