2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 07, 2005
Secretary of State

DOCUMENT# P03000097199

Entity Name: ALL DADE PERMIT SERVICES, INC.

Current Principal Place of Business:

20343 OLD CUTLER RD.
MIAMI, FL 33189 US

New Principal Place of Business:

19920 SW 88 PL
MIAMI, FL 33157 US

Current Mailing Address:

20343 OLD CUTLER RD.
MIAMI, FL 33189 US

New Mailing Address:

19920 SW 88 PL
MIAMI, FL 33157 US

FEI Number: 75-3140578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PYLES, RICHARD B
20343 OLD CUTLER RD.
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

PYLES, RICHARD B
15888 SW 95 AVE
126
MIAMI, FL 33157 US

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: RICHARD B. PYLES 11/07/2005
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: GRANTHAM, FREDERICK
Address: 17086 SW 122 CT.
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: MAYNARD, LAWRENCE J
Address: 19920 SW 88 PL
City-St-Zip: MIAMI, FL 33189

Title: SEC ( ) Delete
Name: MAYNARD, LAWRENCE J
Address: 19920 SW 88 PL
City-St-Zip: MIAMI, FL 33189

Title: TREA ( ) Delete
Name: MAYNARD, LAWRENCE J
Address: 19920 SW 88 PL
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LAWRENCE J. MAYNARD VP 11/07/2005
Electronic Signature of Signing Officer or Director Date