

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# P03000129839

Entity Name: ATM SERVICES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

3576 AVALON COVE DR. E.  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3576 AVALON COVE DR. E.  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

BRINKLEY, J.W.  
3576 AVALON COVE DR. E.  
JACKSONVILLE, FL 32224    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: J.W. BRINKLEY

\_\_\_\_\_  
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:                      BRINKLEY, JUDY  
Address:                      3576 AVALON COVE DR. EAST  
City-St-Zip:                      JACKSONVILLE, FL 32224

Title:                      S                      ( ) Delete  
Name:                      KUNSBURG, JENNIFER  
Address:                      14322 S. CORAL REEF DR.  
City-St-Zip:                      JACKSONVILLE, FL 32224

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

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: J.W. BRINKLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/13/2005

\_\_\_\_\_  
Date