


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000003665		
1. Entity Name PRAISE SERVICES, INC.		

Principal Place of Business 18891 SW 25TH CT MIRAMAR, FL 33029	Mailing Address 113 N FEDERAL HWY DANIA BEACH, FL 33004
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2. Principal Place of Business 3616 SW 163 RD AVENUE	3. Mailing Address Suite, Apt. #, etc.
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City & State MIRAMAR FL	City & State
Zip 33027	Country USA

6. Name and Address of Current Registered Agent ADAMS, GERALD 113 N FEDERAL HWY DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Adams, Gerald Street Address (P.O. Box Number is Not Acceptable) 113 N Federal Highway City Dania Beach FL Zip Code 33004	
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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	DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS MATTAR, SAED 18891 SW 25TH CT MIRAMAR, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTAR, SAED 18891 SW 25TH CT MIRAMAR, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Mattar</i>	DATE

FILED
05 OCT 17 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5/4/05 90179004 150.00


10132005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0605828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required