2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000058235

FILED Nov 27, 2007 Secretary of State

| Entity Nan | ne: MANOS | ERVICES CORPORATION | | | |
|--|---|---------------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | IN CLIFF WA 9, FL 32829 | Y US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | IN CLIFF WA , FL 32829 | Y | | | |
| FEI Number: | 20-0966799 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR 246 ORLANDO, FL 32819 US | | | 8818 COMMODITY CI 40 | LARSON ACCOUNTING & CONSULTING, LLC 8818 COMMODITY CIR 40 ORLANDO, FL 32819 US | |
| The above in the State | | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: CAROLINE LARSON | | | | 11/27/2007 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (SILVA, GERMA 6274 GLENN O ORLANDO, FL | LIFF WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVP (CARVALHO, G 6274 GLENN C ORLANDO, FL | LIFF WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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

SIGNATURE: GERMANO C SILVA DP 11/27/2007