

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT #** ~~PC7000070689~~  
PO400Q106369

1. Entity Name  
~~FREDERICO RUBIO INC~~  
A-1 Federal Services Inc.



FILED

10 JUN 24 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~1115 61ST AVE DRIVE EAST~~  
~~BRADENTON, FL 34203 US~~  
5728 7th St E  
Bradenton, FL 34203

Mailing Address  
PO BOX 2417  
ONECO, FL 34264 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

**REINSTATEMENT 09-10**  
02142009 REIN-P CR2E098 (1/07)

4. FEI Number  
**43-2056099**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RUBIO, FREDERICO  
1115 61ST AVE DRIVE EAST  
BRADENTON, FL 34203

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**500144270465**  
06/23/10--01026--009 \*\*\$300.00  
City **FL** Zip Code

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: \* *Federico Rubio* *Federico Rubio*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBIO, FREDERICO	
STREET ADDRESS	PO BOX 2417	
CITY-ST-ZIP	ONECO, FL 34264	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500144270465</b>	
STREET ADDRESS	02724709--01012--005 **\$300.00	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Austin Rubio	
STREET ADDRESS	PO BOX 2417	
CITY-ST-ZIP	ONECO, FL 34264	
TITLE	SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noe Rubio	
STREET ADDRESS	PO BOX 2417	
CITY-ST-ZIP	ONECO, FL 34264	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500144270465</b>	
STREET ADDRESS	06/23/10--01026--010 **\$100.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Federico Rubio* *Federico Rubio* 6/21/10 941-538-7035  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Can reach Dawn at