

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -7 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

DOCUMENT # P04000107323					
1. Entity Name DARC SERVICES CORPORATION					
Principal Place of Business 6350 WALK CIRCLE BOCA RATON, FL 33433			Mailing Address 6350 WALK CIRCLE BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box # 262 NW FERRIS ROAD		3. Mailing Address 262 NW FERRIS ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT SAINT LUCIE, FL		City & State PORT SAINT LUCIE, FL			
Zip 34983	Country SAINT LUCIE	Zip 34983	Country SAINT LUCIE	4. FEI Number 20-1373967	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name: TRADEMARK FINANCIAL CORP. Street Address (P.O. Box Number is Not Acceptable): 100 S. MILITARY TRAIL, STE 19 City: DEERFIELD BEACH FL Zip Code: 33442		
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: Amanda Viola - President			DATE: 01/31/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, JOSE N 6350 WALK CIRCLE BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, JOSE N 262 NW FERRIS ROAD PORT SAINT LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNES, VICENTE P 262 NW FERRIS ROAD PORT SAINT LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: JOSE NUNES MACHADO			01 - 31 07 772 2018664		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		