

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000114766

Entity Name: DIRECT SERVICES PLUS, INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

4109 LAKE TAHOE DR
WEST PALM BEACH, FL 33409

Current Mailing Address:

4109 LAKE TAHOE DR
WEST PALM BEACH, FL 33409

New Principal Place of Business:

9511 MINORCA WAY
#102
PALM BEACH GARDENS, FL 33418

New Mailing Address:

9511 MINORCA WAY
#102
PALM BEACH GARDENS, FL 33418

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

Name and Address of Current Registered Agent:

TARACIDO, NELSON
5825 SUNSET DR SUITE 210
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

SMITH, LATRAVIA L
9511 MINORCA WAY
#102
PALM BEACH GARDENS, FL 33418 US

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: LATRAVIA SMITH

10/14/2005

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: D () Delete
Name: ROBINSON, LATRAVIA S
Address: 4109 LAKE TAHOE DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ROBINSON, KENNETH
Address: 4109 LAKE TAHOE DR
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, LATRAVIA L
Address: 9511 MINORCA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LATRAVIA SMITH

D

10/14/2005

Electronic Signature of Signing Officer or Director

Date