2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000119459

GABORIAU, LÚC H

1 BURNING PLACE

PALM COAST, FL 32137

Name:

Address:

City-St-Zip:

FILED Oct 09, 2005 Secretary of State

Entity Nai	me: OMNICLE	AN SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	E STREET , FL 32177				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	E STREET , FL 32177				
FEI Number	: 20-1525563	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1 BURNIN	U, JACKOLYN G PLACE AST, FL 32137				
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: LUC H. G	ABORIAU			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GABORIAU, LU 1 BURNING PL PALM COAST, I	ACE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GABORIAU, JAG 1 BURNING PLA PALM COAST, I	ACE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GABORIAU, JAG 1 BURNING PLA PALM COAST, I	ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUC H. GABORIAU Ρ 10/09/2005