


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000140632					
1. Entity Name TDS MAINTENANCE INC					
Principal Place of Business 13750 SPANISH POINT DRIVE JACKSONVILLE, FL 32252			Mailing Address 13750 SPANISH POINT DRIVE JACKSONVILLE, FL 32252 US		
2. Principal Place of Business 12541 Long Lake CT Suite, Apt. #, etc.		3. Mailing Address 12541 Long Lake CT Suite, Apt. #, etc.			
City & State Jacksonville FLORIDA		City & State Jacksonville Florida		4. FEI Number 20-2017945	
Zip 32225		Country Dove1		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAM, ROBERT A 2398 SADLER ROAD FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 AMIRIDIS, SAWAS 13750 SPANISH POINT DRIVE JACKSONVILLE, FL 32252	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12541 Long Lake CT Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P	<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	400081121754 10/23/06-01052-018 **150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

10/27/06