

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000151225

Entity Name: CAPE MULTI SERVICES, INC.

FILED  
Oct 14, 2008  
Secretary of State

## Current Principal Place of Business:

5981 WASHINGTON STREET, SUITE # 220  
HOLLYWOOD, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

5981 WASHINGTON STREET, SUITE # 220  
HOLLYWOOD, FL 33023

## New Mailing Address:

FEI Number: 20-1890399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, CARMEN  
5981 WASHINGTON STREET, SUITE # 220  
HOLLYWOOD, FL 33023 US

## Name and Address of New Registered Agent:

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: CARMEN PEREZ

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: P ( ) Delete  
Name: PEREZ, CARMEN  
Address: 5981 WASHINGTON STREET, SUITE # 220  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARMEN PEREZ

Electronic Signature of Signing Officer or Director

P

10/14/2008

Date