2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173094

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAY 11 AM 8: 31

1. Entity Name SERVICES R US, INC. Principal Place of Business Mailing Address 4633 EGMONT DR 4633 EGMONT DR BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For <u>20-07</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINK, ROBERT- -Street Address (P.O. Box Number is Not Acceptable) 4633 EGMONT DR BRADENTON, FL 34203 City 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 register and title if applicable. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST ☐ Change TITLE ☐ Defete TITLE Addition FINK, ROBERT NAME NAME 100075221121 STREET ADDRESS 4633 EGMONT DR STREET ADDRESS 05/25/06--01010--005 **150.00 BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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 any address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3/20/06</u>

Daytime Phone #

20/2

SERVICES R US INC. 4633 EGMONT DRIVE BRADENTON, FL 34203 (941)809-4852

May 7, 2006

Florida Dept. Of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject: Services R Us Inc. Ref Number: P04000173094

To Whom It May Concern:

In reference to your letter dated April 7, 2006 regarding my 2005 annual report, I never received the rejected report back for corrections. Please be advised my check was cashed in 2005 which I confirmed with someone from your office. I feel I should not be penalized if I never received any additional information.

I have also enclosed a check for my 2006 reinstatement for Services R Us Inc.

If you have any additional questions or need more information, please contact me as soon as possible. This is holding me up on getting my taxes complete.

Sincerely.

Robert Fink President

Letter Number: 406A00023576

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