2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000020878

1. Entity Name
SOS RESOURCE SERVICES, INC.

FILED

2008 JAN 11 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 BRICKELL KEY BLVD., PH10 (OLD) MIAMI, FL 33131	701 BRICKELL KEY BLVD., PH10 (OLD) MIAMI, FL 33131
NEW ADDRESS	NEW ADDRESS

01052008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
601 NE. 36th ST.	601 N.E. 36th ST.
Suite, Apt. #, etc. Ste 2009	Suite, Apt. #, etc. Ste 2009
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip / Country 33137 / USA	Zip / Country 33137 / USA

4. FEI Number
11-3532079
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSO, SALVATORE 701 BRICKELL KEY BLVD., PH10 MIAMI, FL 33131	Name: RUSSO, SALVATORE Street Address (P.O. Box Number is Not Acceptable): 601 NE 36th STREET Ste 2009 City: MIAMI FL Zip Code: 33137

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: SALVATORE RUSSO — 1/7/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $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	PD RUSSO, SALVATORE 701 BRICKELL KEY BLVD., PH10 MIAMI, FL 33131	☒ Delete	PD RUSSO, SALVATORE 601 NE 36th ST. Ste 2009 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700115209377 01/15/08--01040--010 **308.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	01-08	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: SALVATORE RUSSO — 1/7/08