

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000021376

FILED
Nov 02, 2009
Secretary of State

Entity Name: DEPAULA SERVICES, CORP.

Current Principal Place of Business:

1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-2335413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAULA, MAURO F
1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 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: MAURO DEPAULA

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: PD () Delete
Name: DEPAULA, MAURO F
Address: 1205 SW ASTURIA AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D (X) Delete
Name: DEREZENDE, PABLO
Address: 518 NW MARION AVE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D (X) Delete
Name: ROCHA, MICHELL C
Address: 1832 SE BERKSHIRE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAURO DEPAULA

P

11/02/2009

Electronic Signature of Signing Officer or Director

Date