## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000025341

City-St-Zip:

FILED Jan 11, 2007 Secretary of State

Entity Name: ALL IN ONE SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 707 NW 18TH PL CAPE CORAL, FL 33993 **Current Mailing Address: New Mailing Address:** 707 NW 18TH PL CAPE CORAL, FL 33993 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351 US 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: PAUL SMITH 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete (X) Change ( ) Addition IRZARRY, DAVID IRZARRY, DAVID Name: Name: 707 NW 18TH PL 707 NW 18TH PL Address: Address: City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33993 Title: VSTD Title: ST (X) Change ( ) Addition () Delete Name: IRZARRY, SARA Name: IRZARRY, SARA 707 NW 18TH PL 707 NW 18TH PL Address: Address: CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: IRIZARRY, JUAN A Name: 85-63 85TH ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

WOODHAVEN, NY 11421

SIGNATURE: SARA IRIZARRY S/T 01/11/2007