2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000079926

Entity Name: A. P. MULTISERVICES, CORP.

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8219 S.W. 72ND AVENUE, #242 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

8219 S.W. 72ND AVENUE, #242 MIAMI, FL 33143

FEI Number: 20-2947354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POIRRIER, AUGUSTO POIRRIER, AUGUSTO 8215 S.W. 72ND AVENUE, #201 8219 S.W. 72ND AVENUE, #242 MIAMI, FL 33143 MIAMI, FL 33143 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: AUGUSTO 10/21/2009

> 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 Title: (X) Change () Addition

POIRRIER, AUGUSTO Name: Name: POIRRIER, AUGUSTO 8215 S.W. 72ND AVENUE, #201 Address: 8219 S.W. 72ND AVENUE, #242 Address:

City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143

Title: VSD () Delete Title: VSD (X) Change () Addition

Name: PONCE, MARCELA Name: PONCE, MARCELA

8215 S.W. 72ND AVENUE, #201 Address: 8219 S.W. 72ND AVENUE, #242 Address:

MIAMI, FL 33143 MIAMI, FL 33143 City-St-Zip: 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: AUGUSTO PTD 10/21/2009

Electronic Signature of Signing Officer or Director

Date