

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000083116

Entity Name: ACROPOLIS SERVICES, INC

FILED  
Oct 17, 2006  
Secretary of State

## Current Principal Place of Business:

10785 NW 50ST  
SUITE 108  
DORAL, FL 33178

## New Principal Place of Business:

10451 NW 33 STREET  
SUITE 23  
MIAMI, FL 33172 US

## Current Mailing Address:

10785 NW 50ST  
SUITE 108  
DORAL, FL 33178

## New Mailing Address:

10451 NW 33 STREET  
SUITE 23  
MIAMI, FL 33172

FEI Number: 20-2970679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOVES, ANTONIO  
10785 NW 50ST  
SUITE 108  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

JOVES, ANTONIO  
10451 NW 33 STREET  
SUITE 23  
MIAMI, FL 33172 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: ANTONIO JOVES

10/17/2006

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: P ( ) Delete  
Name: JOVES, ANTONIO  
Address: 10785 NW 50ST SUITE 108  
City-St-Zip: DORAL, FL 33178

Title: VP (X) Delete  
Name: HERNAIZ, PATRICIA  
Address: 10785 NW 50ST SUITE 108  
City-St-Zip: DORAL, FL 33178

Title: TRES (X) Delete  
Name: JOVES, ANTONIO  
Address: 10785 NW 50ST SUITE 108  
City-St-Zip: DORAL, FL 33178

Title: SECR (X) Delete  
Name: HERNAIZ, PATRICIA  
Address: 10785 NW 50ST SUITE 108  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTVS (X) Change ( ) Addition  
Name: JOVES, ANTONIO  
Address: 10451 NW 33 STREET SUITE 23  
City-St-Zip: MIAMI, FL 33172 US

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 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: ANTONIO JOVES

P

10/17/2006

Electronic Signature of Signing Officer or Director

Date