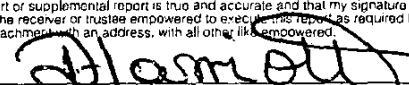


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**2007 FOR PROFIT CORPORATION
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000084049			
1. Entity Name HARRIOTT'S SERVICES, INC.			
Principal Place of Business 2501 N.W. 36TH AVENUE LAUDERDALE LAKES, FL 33311-2639		Mailing Address 2501 N.W. 36TH AVENUE LAUDERDALE LAKES, FL 33311-2639	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		12242007 REIN-P CR2E098 (1/07)	
		4. FEI Number 04-3814365	
		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	
HARRIOTT, DONOVAN S 2501 N.W. 36TH AVENUE LAUDERDALE LAKES, FL 33311-2639		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIOTT, DONOVAN S 2501 N.W. 36TH AVENUE LAUDERDALE LAKES, FL 333112639 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000115398480 11/27/08--01/03/09 **750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date _____	

x 1/11