2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000090545 1. Entity Name PUERTO RICO SERVICES INC.					r	is p	e updata en atta 04-3838	e EFINE 06 SEP 28 1372 TAI	LENDO H CH CY OF	2:35 STATE	
Principal Place of Busine	88	Mailing Address						MALA	SEE, F	FLCHDA	
4218 SAWYER CIRCLE B		4218 SAWYER CIRCLE B						1 / /**-			
SAINT CLOUD, FL 347	72	SAINT CLOUD, FL 34772									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			27	09192008 REIN'P CR2E098 (11/05)06					
City & State		City & State			4.	4. FEI Number 20-3007263				plied For t Applicable	
Zip									.75 Add Required		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent					
COSTAS, ISRAEL 4218 SAWYER CIRCLE				Street Ad	eet Address (P.O. Box Number is Not Acceptable)						
B SAINT CLOUD, FL 34772											
				City				FL	Zip Code		
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 Signature, Sight or printed name of registered agent and title If applicable. (NOTE: Registered Agent algorithm required when relatefulling) OATE											
FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10. OFFICERS AND DIRECTORS 11.			-1-				S/CHANGES TO OF				
TITLE NAME		☐ Delete	TITLE		Preside	1-1-	tas ,	<u> </u>	Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-ZIP						Ì	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate another 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 poor 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 approvered.											
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SIGNATURE:	. //	,					911410 L	TUS.	. 70 / .	7 / J7	
	SIGNATURE AND TYPES OR P	RMITED NAME OF SIGNING OFFICER	OR DIRECT	OR.			Date Date	Dasytin	ne Phone #	·	