2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2013
Secretary of State

DOCUMENT# P05000113951

Entity Name: CENTRAL FLORIDA FORMS SERVICE INC

Current Principal Place of Business:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-3627263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERREIRA, AUGUSTO
185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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 FERREIRA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT
Name: FERREIRA, AUGUSTO
Address: 195 S WESTMONTE DR SUITE 1114
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SVP
Name: FERREIRA, ADELAIDE
Address: 2109 CLUSTER BRANCH CT
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: AUGUSTO FERREIRA P 10/10/2013

Electronic Signature of Signing Officer or Director — Date