

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000121052

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: LOCKE'S EXPERT & QUALITY SERVICE, INC.

**Current Principal Place of Business:**

4455 ALPINE ROAD  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

4455 ALPINE ROAD  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 35-2260519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LOCKE, HAROLD  
4455 ALPINE ROAD  
LAND O' LAKES, FL 34639 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: HAROLD LOCKE

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: LOCKE, HAROLD  
Address: 4455 ALPINE ROAD  
City-St-Zip: LAND O' LAKES, FL 34639

Title: V ( ) Delete  
Name: LOCKE, JEVON  
Address: 3008 YUKON STREET  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: LOCKE, ELEANOR  
Address: 3008 YUKON STREET  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: HAROLD LOCKE

Electronic Signature of Signing Officer or Director

P

04/07/2009

Date