

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000134843

FILED
Apr 08, 2008
Secretary of State

Entity Name: FERNANDES GERAL SERVICES INC

Current Principal Place of Business:

8529 JR MANOR DRIVE
TAMPA, FL 33634 US

New Principal Place of Business:

8639 NORTH HIMES AVE
3506
TAMPA, FL 33614 US

Current Mailing Address:

8529 JR MANOR DRIVE
TAMPA, FL 33634 US

New Mailing Address:

8639 NORTH HIMES AVE
3506
TAMPA, FL 33614 US

FEI Number: 20-3554932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDES, VANZEILDO
8529 JR MANOR DRIVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

FERNANDES, VANZEILDO
8639 NORTH HIMES AVE
3506
TAMPA, FL 336314 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: VANZEILDO FERNANDES

04/08/2008

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: FERNANDES, VANZEILDO
Address: 8529 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: VP () Delete
Name: DA MATA, MOCILENE
Address: 8529 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: T () Delete
Name: ORTEGA GARCIA, PABLO
Address: 8529 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERNANDES, VANZEILDO
Address: 8639 NORTH HIMES AVE APT 3506
City-St-Zip: TAMPA, FL 33614 US

Title: VP (X) Change () Addition
Name: DA MATA, MOCILENE
Address: 8639 NORTH HIMES AVE APT 3506
City-St-Zip: TAMPA, FL 33614 US

Title: T (X) Change () Addition
Name: ORTEGA GARCIA, PABLO
Address: 8639 NORTH HIMES AVE APT 3506
City-St-Zip: TAMPA, FL 33614 US

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: VANZEILDO FERNANDES

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date