

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000139725

Entity Name: HI QUALITY SERVICES, INC.

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 20-3752035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE STEFANO, PETER
8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412 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: PETER DESTEFANO

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: PD () Delete
Name: DE STEFANO, PETER
Address: 8228 LAKEVIEW DR.
City-St-Zip: W. PALM BEACH, FL 33412

Title: VSD () Delete
Name: CIALLELLA, RICHARD
Address: 8917 ALEXANDRA CIR.
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: CIALLELLA, ANNETTE
Address: 8917 ALEXANDRA CIR.
City-St-Zip: WELLINGTON, FL 33414

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: ANNETTE CIALLELLA

TD

10/08/2007

Electronic Signature of Signing Officer or Director

Date