2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000153083

Entity Name: ABOVEALL SERVICES, INC.

FILED Dec 05, 2006 Secretary of State

Entity Na	ME: ABOVEALL SERVICES, INC.			
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	TH ESPLANADE RAL, FL 33904		930 SE 9TH LANE, #3 CAPE CORAL, FL 33990	
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
	TH ESPLANADE RAL, FL 33904	930 SE 9TH LANE, # CAPE CORAL, FL 33		
FEI Number	: FEI Number Applied F	For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered A	Agent: Name and Address	of New Registered Agent:	
CAPE CO The above	THESPLANADE RAL, FL 33904 US	t for the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: MARK EDLUND			
	Electronic Signature of Regis	tered Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corpora			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete EDLUND, MARK 1634 EDITH ESPLANADE CAPE CORAL, FL 33904	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete SULLIVAN, KATHLEEN 1634 EDITH ESPLANADE CAPE CORAL, FL 33904	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK EDLUND P 12/05/2006