

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000013550

**FILED**  
**Nov 05, 2014**  
**Secretary of State**

**Entity Name:** DEPENDABLE SERVICES INTERNATIONAL INC.

**Current Principal Place of Business:**

100 LINCOLN ROAD PH 6  
MIAMI BCH, FL 33139

**New Principal Place of Business:**

1050 HILLSBORO MILE  
808W  
HILLSBORO BEACH, FL 33062

**Current Mailing Address:**

13435 S. MCCALL ROAD BOX 394  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

**FEI Number:** 02-0767309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NACHTWEY, KIM  
13639 ALLAMANDA CIRCLE  
PORT CHARLOTTE, FL 33981 US

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

NACHTWEY, KIMBERLY D  
13639 ALLAMANDA CIRCLE  
PORT CHARLOTTE, FL 33981 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: KIMBERLY D. NACHTWEY

11/05/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOSKINS, DAVID  
Address: 1050 HILLSBORO MILE #808W  
City-St-Zip: HILLSBORO BCH, FL 33062 US

Title: STD  
Name: NACHTWEY, KIMBERLY D  
Address: 13639 ALLAMANDA CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: D  
Name: HOSKINS, STUART  
Address: 1050 HILLSBORO MILE #808W  
City-St-Zip: HILLSBORO BCH, FL 33062 US

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: KIMBERLY D. NACHTWEY

STD

11/05/2014

Electronic Signature of Signing Officer or Director

Date