2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000019038 1. Entity Name GENERAL SERVICES SG, INC.							FILED				
Principal Place 3595 WHISPI PALM HARBO	ERING OAKS	3595 WHI	Mailing Address 3595 WHISPERING OAKS LANE #63 PALM HARBOR, FL 34684			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	07 DEC 2 SEURLIAI TALLAHAS	•	-	1911 N 1791	
2. Principal P	tace of Busin	ness - No P.O. Box #	3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			10192007	REIN-P	CR2E	098 (1/07)	
City & State			City & Sta	City & State			4. FEI Numb	er		No	plied For t Applicable
Zip		Country Zip		Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SALGUERO, OTTO A											
3595 WHIS PALM HAF				Street Address ((P.O. Box Numb	er is Not Acceptable	e)				
						City	FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Sporture, lyoed or british and of beliefered about and tribal applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice.											
10.		OFFICERS AND	DIRECTORS		11.	* .	ADDITIONS	CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
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NAME	SALGUERO, OTTO A					-	000113463500 12/28/0701009002 **150.00				
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NAME STREET ADDRESS					NAM	ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: X Haracon "											
SIGNATURE: SIGNATURE Date Destroy Prone #											