

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000025152

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** WANDERSON PROFESSIONAL SERVICES, CORP.

**Current Principal Place of Business:**

1832 SE BERKSHIRE BLVD  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

959 SW MCDEVITT AVE  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

1832 SE BERKSHIRE BLVD  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

959 SW MCDEVITT AVE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 20-4343292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMES, WANDERSON L  
1832 SE BERKSHIRE BLVD  
PORT ST LUCIE, FL 34952 US

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

GOMES, WANDERSON L  
959 SW MCDEVITT AVE  
PORT ST LUCIE, FL 34953 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: WANDERSON L GOMES

01/28/2008

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: GOMES, WANDERSON L  
Address: 1832 SE BERKSHIRE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GOMES, WANDERSON L  
Address: 959 SW MCDEVITT AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Change (X) Addition  
Name: VIEIRA, JOSE A  
Address: 959 SW MCDEVITT AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Change (X) Addition  
Name: GALDINO, ANDRESON  
Address: 959 SW MCDEVITT AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 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: WANDERSON L GOMES

D

01/28/2008

Electronic Signature of Signing Officer or Director

Date