2009 FOR PROFIT CORPORATION REINSTATEMENT.

DOCUMENT # P06000037855 1. Entity Name SIMMONDS SERVICES INC							FILED 09 MAR - 2 PM 12: 43 SECRETARY OF STATE FALLAHASSEE FLORIDA					
Principal Place of Business Mailing Address						· · · · · · · · · · · · · · · · · · ·] .	SEUNE IAIN	EE. FLO	RIDA		
18902 NW 27 AVE 214				18902 NW 27 AVE 214				Numer				
OPALOCKA,		PALOCKA, FL 33056	LOCKA, FL 33056			II 16ija siili asiil saiil sa	 48 	li ibini milni M	(IIICC) 11 (90)			
				3. Mailing Address								
Suite, Apt. #, etc. City & State			ļ	Suite, Apt. #, etc			02262009	REIN-P	CR2E0	98 (1/07)		
City & State				City & State		4. FEI Numb				pplied For ot Applicable		
Zip	Country		Z	Zip		itry	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Ro			Regist	ered Agent			7. Name and Address of New Registered Agent					
SIMMONDS, FREDRICK						Name						
18902 NW 27 AVE						Street Address (Street Address (P.O. Box Number is Not Acceptable)					
OPALOCKA, FL 33056									-			
				. ·		City			FL	Zip Cod	e	
8. The above	named entity	y submits this statement to	r the pu	rpose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with.	and accept	
the obligations of registered agent.												
SIGNATURE												
FILE NOW!!! FEE IS \$300.00								In accordance v corporation did	not receive	the prior r	notice.	
10.	Р	OFFICERS AND	DIRECT	TORS Delete	11.		ADDITIONS	/CHANGES TO OFF				
NAME	``` `				NAME NAME				ι	Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP						ET ADORESS -ST-21P						
TITLE	0.7.2001			□ Delete	TITLE		-	<u> </u>		Change	☐ Addition	
NAME CTREET ADDRESS					NAMI		300144768213 03/02/0901041014 ***300,0					
STREET ADDRESS CITY - S1 - ZIP						ET ADDRESS - ST - ZIP					.00	
TITLE NAME				☐ Delete	TITLE					Change	Addition	
STREET ADDRESS					NAME	ET ADDRESS						
CITY - ST - ZIP					CITY-	ST-ZIP		<u> </u>				
TITLE NAME				☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS				•		ET ADDRESS					ļ	
CITY-ST-ZIP					_	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME				Delete	TITLE		a		_ L	Change	Addition	
STREET ADDRESS CITY - ST - ZIP				1		ET ADDRESS ST-ZIP	•					
THE				☐ Delete	TITLE		<u> </u>		Г	☐ Change	☐ Addition	
NAME					NAME				_	•		
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP						
12. I hereby of indicated	ertily that the	information supplied with or supplemental report is	this filin	ng does not qualify for d accurate and that m	the exe	mptions contained ure shall have the s	in Chapter 119 ame legal effec	, Florida Statules. I t	further certify	that the inf	formation or director	
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 or trustee and overed 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: SIGNATURE: DISPANCE OF PRINTED NAME OF SIGNING OFFICER DR DISPATOR												
•		SIGNATURE AND TYPED OR PR	RINTED NA	AME OF SIGNING OFFICER O	R DIRECTO	OR .		Date	Dayti	me Phone #		