



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000043424 1. Entity Name ALGOM SERVICES INC.						FILED 08 NOV -6 PM 3:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9461 CARIBBEAN BLVD MIAMI, FL 33189				Mailing Address 9461 CARIBBEAN BLVD MIAMI, FL 33189			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 08 1030201 08-11-08 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-5413039		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GOMEZ, ALAN 9461 CARIBBEAN BLVD MIAMI, FL 33189				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 <u>Gomez Alan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ALAN 9461 CARIBBEAN BLVD MIAMI, FL 33189 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 or 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 <u>Gomez Alan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10/30/08</u> <small>Daytime Phone #</small>			