

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000052964

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** DISASTER SOLUTIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

284 ST. THOMAS AVE  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

8109 NETWORK DRIVE  
PLAINFIELD, IN 46168

**New Mailing Address:**

**FEI Number:** 74-3176170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

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:** LINDSEY KLEMENCIC

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BITTING, DON  
**Address:** 508 OLD APEX RD  
**City-St-Zip:** CARY, NC 27511

**Title:** D  
**Name:** HARRIS, JOHN D  
**Address:** 8109 NETWORK DRIVE  
**City-St-Zip:** PLAINFIELD, IN 46168

**Title:** D  
**Name:** JONES, DARRYL  
**Address:** 508 OLD APEX RD  
**City-St-Zip:** CARY, NC 27511

**Title:** D  
**Name:** PALAZZO, JOSEPH M  
**Address:** 284 ST. THOMAS AVE  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** D  
**Name:** PINSON, RAYMOND E  
**Address:** P.O.BOX 20246  
**City-St-Zip:** ST SIMMONS ISLAND, GA 31522

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:** PAUL MCJUNKIN

CFO

10/01/2010

Electronic Signature of Signing Officer or Director

Date