

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000083644

FILED
Oct 15, 2007
Secretary of State

Entity Name: PROFESIONAL PROCESSING SERVICES OF SW FLORIDA INC

Current Principal Place of Business:

8192 COLLEGE PARKWAY
BLD B # 42
FT MYERS, FL 33919

New Principal Place of Business:

1765 W MARION AVE
PUNTA GORDA, FL 33950

Current Mailing Address:

8192 COLLEGE PARKWAY
BLD B # 42
FT MYERS, FL 33919

New Mailing Address:

1765 W MARION AVE
PUNTA GORDA, FL 33950

FEI Number: 56-2590882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOLA, FRANCIS P
1765 W MARION AVE
PUNTA GORDA, FL 33950 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: F PAUL SCOLA

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: FRANCIS, SCOLA P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: V () Delete
Name: FRANCIS, SCOLA P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: FRANCIS, SCOLA P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: FRANCIS, SCOLA P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: F PAUL SCOLA

PRES

10/15/2007

Electronic Signature of Signing Officer or Director

Date