

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000111333

FILED
Oct 06, 2009
Secretary of State

Entity Name: PIPELINE RESTORATION SERVICES, INC.

Current Principal Place of Business:

3610 NW 97TH BLVD
GAINESVILLE, FL 32606

New Principal Place of Business:

7627 WEST NEWBERRY ROAD
SUITE A
GAINESVILLE, FL 32606

Current Mailing Address:

P.O. BOX 357725
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 56-2608702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON GROUP, P.L.
5216 SW 91 DRIVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

WADE, CHRISTINA F
7627 WEST NEWBERRY ROAD
SUITE A
GAINESVILLE, FL 32606 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: CHRISTINA F WADE

10/06/2009

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: VP T () Delete
Name: WADE, CHRISTINA F
Address: 3610 NW 97TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32606

Title: P () Delete
Name: WADE, ARTHUR C JR
Address: 3610 NW 97TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: SYLVIA, RODEN H
Address: 3610 NW 97TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP T (X) Change () Addition
Name: WADE, CHRISTINA F
Address: 7627 A WEST NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32606

Title: P (X) Change () Addition
Name: WADE, ARTHUR C JR
Address: 7627 A WEST NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32606

Title: S (X) Change () Addition
Name: SYLVIA, RODEN H
Address: 7627 A WEST NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32606

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: CHRISTINA F WADE

VP

10/06/2009

Electronic Signature of Signing Officer or Director

Date