

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000120864

Entity Name: ASSURANCE SERVICES, INC

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

40944 US HWY 19 N  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1007 MACRAE AVE  
CLEARWATER, FL 33755

**Current Mailing Address:**

40944 US HWY 19 N  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

1007 MACRAE AVE  
CLEARWATER, FL 33755

FEI Number: 26-0456566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASWADI, JAY M  
40944 US HWY 19 N  
TARPON SPRINGS, FL 34689 US

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

NIHAD, BEBA M  
1007 MACRAE AVE  
CLEARWATER, FL 33755 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: NIHAD BEBA

04/25/2009

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: P ( ) Delete  
Name: BEBA, NIHAD  
Address: 1007 MACRAE AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: VP (X) Delete  
Name: MASWADI, J M  
Address: 40944 US HWY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NIHAD BEBA

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date