

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000012863

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: C.A.E GENERAL SERVICES INC

## Current Principal Place of Business:

910 A ABRAMS BLVD  
LEHIGH ACRES, 33971

## New Principal Place of Business:

910 A ABRAMS BLVD  
LEHIGH ACRES, FL 33971 US

## Current Mailing Address:

910 A ABRAMS BLVD  
LEHIGH ACRES, 33971

## New Mailing Address:

2211 SW 14TH PL  
CAPE CORAL, FL 33991 US

FEI Number: 20-8270766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUZA, CLENILDO C  
4231 LAGG AVE  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

METRO BUSINESS AGENCY INC  
4460 CLEVELAND AVE #E  
FORT MYERS, FL 33901 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: METRO BUSINESS AGENCY INC

03/23/2009

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: OLIVEIRA, EMERSON S  
Address: 910 A ABRAMS BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP (X) Delete  
Name: SOUZA, CLENILDO C  
Address: 4231 LAGG AVE  
City-St-Zip: FORTE MYERS, FL 33901 US

Title: DIR (X) Delete  
Name: PEREIRA, ADAILTON L  
Address: 802 PERRY AVE  
City-St-Zip: LEHIGH ACRES, FL 33916 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OLIVEIRA, EMERSON S  
Address: 2211 SW 14TH PL  
City-St-Zip: CAPE CORAL, FL 33901 US

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: EMERSON S OLIVEIRA

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date