

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000015841

Entity Name: CP HOME SERVICES, INC

FILED
Nov 07, 2008
Secretary of State

Current Principal Place of Business:

3737 ST. JOHN BLUFF RD
404
JACKSONVILLE, FL 32224 FL

Current Mailing Address:

3737 ST. JOHN BLUFF RD
404
JACKSONVILLE, FL 32164 FL

New Principal Place of Business:

4713 CASON COVE DR
1604
ORLANDO, FL 32811 FL

New Mailing Address:

4713 CASON COVE DR
1604
ORLANDO, FL 32811 FL

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASILVA, ANTONIO C
3737 ST. JOHNS BLUFF RD
404
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

TAX DIRECT
1650 SAND LAKE RD
110
ORLANDO, FL 32809 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: JOSE JARDIM JUNIOR

11/07/2008

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: DASILVA, ANTONIO C
Address: 3737 ST. JOHN BLUFF RD #404
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP (X) Delete
Name: NETO, SILVONEY
Address: 3737 ST JOHN BLUFF RD 404
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DASILVA, ANTONIO C
Address: 4713 CASON COVE DR 1604
City-St-Zip: ORLANDO, FL 32811 US

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: ANTONIO C DA SILVA

P

11/07/2008

Electronic Signature of Signing Officer or Director

Date