## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000076011

City-St-Zip:

PALM BAY, FL 32907

Entity Name: GRIMACE CONSULTING SOLUTIONS, INC.

FILED Nov 24, 2008 Secretary of State

Littly Nai	ile. GRIMACI	CONSULTING SOLUTIONS,	, IIVC.		
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1407 BAKE MELBOUR	ER DRIVE RNE, FL 32901				
Current Mailing Address:			New Mailing Address:		
868 JUPITER BLVD SUITE 2 PALM BAY, FL 32907			1407 BAKER DRIVE MELBOURNE, FL 32901		
FEI Number:	20-5595204	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1407 BAKE MELBOUR	RNE, FL 32901				
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: CAMILLE	HAMILTON			
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) HAMILTON, CA 1407 BAKER D MELBOURNE,	RIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) WINDROSS, VI 1407 BAKER D MELBOURNE,	RIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:		Delete BARD, ALLISON	Title: Name:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CAMILLE HAMILTON P 11/24/2008