

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000089164

Entity Name: ABLE SOLUTIONS INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

5045 SUNRIDGE PALMS DR.
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

5045 SUNRIDGE PALMS DR.
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 26-0756584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMBERT, JODY C
5045 SUNRIDGE PALMS DR.
TAMPA FL, FL 33617 US

Name and Address of New Registered Agent:

LAMBERT, JODY C
5045 SUNRIDGE PALMS DR.
TAMPA, FL 33617 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: JODY C. LAMBERT

04/14/2009

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: PRES () Delete
Name: LAMBERT, JODY C
Address: 5045 SUNRIDGE PALMS DR.
City-St-Zip: TAMPA, FL 33617 US

Title: TRES () Delete
Name: LAMBERT, HEATHER
Address: 5045 SUNRIDGE PALMS DR.
City-St-Zip: TAMPA, FL 33617 US

Title: SECT () Delete
Name: DEMATTI, ROBERT
Address: 5045 SUNRIDGE PALMS DR.
City-St-Zip: TAMPA, FL 33617 US

Title: DIR () Delete
Name: LAMBERT, JODY C
Address: 5045 SUNRIDGE PALMS DR.
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JODY C. LAMBERT

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date