## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000092854

Name:

Address:

City-St-Zip:

CAMPBELL, GREGORY

NORTH MIAMI, FL 33161 US

640 N.E. 149 STREET

FILED Dec 05, 2008 Secretary of State

Entity Nan	ne: UNIFIED C	ONSULTING SERVICES, IN	C.			
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
	49 STREET AMI, FL 33161	US	14625 NE 4TH NORTH MIAMI,			
Current M	ailing Address	:	New Mailing A	New Mailing Address:		
	49 STREET  AMI, FL 33161	US	14625 NE 4TH NORTH MIAMI,			
FEI Number:	26-0733280	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status [	Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Add	Name and Address of New Registered Agent:		
3350 S.W. 110	CES OF MARIL 148TH AVENU FL 33027 US	YN L. MALOY, P.A. E	640 NE 149 AV	LAW OFFICES OF MARILYN L. MALOY, P.A. 640 NE 149 AVENUE NORTH MIAMI, FL 33161 US		
The above in the State		ıbmits this statement for the	ourpose of changing its re	gistered office or registered a	gent, or both,	
SIGNATUR	RE: MARILYN I	MALOY		12/05/2008		
	Electronic	Signature of Registered Ag	ent	Date		
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CAMPBELL, DAF 640 N.E. 149 STI NORTH MIAMI, F	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () [ CAMPBELL, HUE 640 N.E. 149 STI NORTH MIAMI, F	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title:	S ()[	Delete	Title:	( ) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUBERT CAMPBELL VΡ 12/05/2008