2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000133311

Entity Name: FLORIDA PROFESSIONAL CONTRACTOR SERVICES INC.

FILED Oct 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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8700 WEST FLAGLER ST, SUITE 275 MIAMI, FL $\,$ 33174

Current Mailing Address: New Mailing Address:

10500 NW 31 AVE. 8700 WEST FLAGLER ST, SUITE 275 MIAMI, FL 33147 MIAMI, FL 33174

FEI Number: 75-3264266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALMA-ARIAS, OLGA M 10500 NW 31ST AVENUE MIAMI, FL, FL 33147 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: OLGA PALMA-ARIAS

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: D (X) Change () Addition

 Name:
 PLA, JOSE A
 Name:
 PLA, JOSE A

 Address:
 10500 NW 31ST AVENUE
 Address:
 1820 SW 75TH AVENUE ROAD

City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33155

Title: S () Delete Title: D (X) Change () Addition

 Name:
 PALMA-ARIAS, OLGA M
 Name:
 PALMA-ARIAS, OLGA M

 Address:
 10500 NW 31ST AVENUE
 Address:
 10500 NW 31ST AVENUE

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:
 MIAMI, FL 33147

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: OLGA PALMA-ARIAS D 10/03/2008