2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2009
Secretary of State

DOCUMENT# P08000026063

Entity Name: TRI-S SERVICES CORP

Current Principal Place of Business:

510 DOUGLAS AV
1029
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

955 W. TAFT VINELAND RD
F
ORLANDO, FL 32824

Current Mailing Address:

510 DOUGLAS AV
1029
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

955 W. TAFT VINELAND RD
F
ORLANDO, FL 32824

FEI Number: 26-2159334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESQUIVEL, SILVIA A
510 DOUGLAS AV
1029
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ESQUIVEL, SILVIA A
955 W. TAFT VINELAND RD
F
ORLANDO, FL 32824 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: SILVIA A. ESQUIVEL 11/10/2009
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: P ( ) Delete
Name: ESQUIVEL, SILVIA A
Address: 510 DOUGLAS AV
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESQUIVEL, SILVIA A
Address: 955 W. TAFT VINELAND RD. STE. F
City-St-Zip: ORLANDO, FL 32824

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: SILVIA A. ESQUIVEL P 11/10/2009
Electronic Signature of Signing Officer or Director Date