2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000042922

Entity Name: S & T SERVICES UNLIMITED, INC

FILED Oct 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

207 RESERVE DR 1922 SYCAMORE CIRCLE TAVARES, FL 32778 TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

207 RESERVE DR 1922 SYCAMORE CIRCLE TAVARES, FL 32778 TAVARES, FL 32778

FEI Number: 26-2491320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TISDALE, TIMOTHY
207 RESERVE DR
TAVARES, FL 32778 US
TISDALE, TIMOTHY
1922 SYCAMORE CIRCLE
TAVARES, FL 32778 US
TAVARES, FL 32778 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: TIMOTHY P. TISDALE 10/01/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TISDALE, TIMOTHY TISDALE, TIMOTHY Name: Name: 207 RESERVE DR 1922 SYCAMORE CIRCLE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: VP () Delete Title: VP (X) Change () Addition Name: CRUM, SCOTT Name: CRUM, SCOTT

 Name:
 CRUM, SCOTT
 Name:
 CRUM, SCOTT

 Address:
 207 RESERVE DR
 Address:
 1922 SYCAMORE CIRCLE

 City-St-Zip:
 TAVARES, FL 32778
 TAVARES, FL 32778

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: TIMOTHY P. TISDALE MGR 10/01/2009

Electronic Signature of Signing Officer or Director

Date