

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000061229

Entity Name: BYA SERVICES, INC.

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

25227 NE EVANS STREET
ALTHA, FL 32421

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 553
ALTHA, FL 32421

New Mailing Address:

FEI Number: 26-2901824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, STEPHANIE M
25227 NE EVANS STREET
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

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: STEPHANIE MILLS POWELL

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: POWELL, BENJAMIN K
Address: 25227 NE EVANS STREET
City-St-Zip: ALTHA, FL 32421

Title: VP () Delete
Name: POWELL, STEPHANIE M
Address: 25227 NE EVANS STREET
City-St-Zip: ALTHA, FL 32421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHANIE MILLS POWELL

VP

10/15/2009

Electronic Signature of Signing Officer or Director

Date