2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# P08000097059

Entity Name: NC SERVICES INC

Current Principal Place of Business:

2106 S CYPRESS BEND DR #504
POMPANO BCH, FL 33063

New Principal Place of Business:

401 SW 1ST CT
203
POMPANO BEACH, FL 33060

Current Mailing Address:

2106 S CYPRESS BEND DR #504
POMPANO BCH, FL 33063

New Mailing Address:

401 SW 1ST CT
203
POMPANO BEACH, FL 33060

FEI Number: 25-3627220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
SECOND FLOOR
DEERFIELD BCH, FL 33441 US

Name and Address of New Registered Agent:

SILVA, NILTON J
401 SW 1ST CT
203
POMPANO BEACH, FL 33060 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: NILTON J SILVA 12/15/2009
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: PD ( ) Delete
Name: FONSECA, CLAUDIO
Address: 2106 S CYPRESS BEND DR #504
City-St-Zip: POMPANO BCH, FL 33063

Title: VPD (X) Delete
Name: SILVA, NILTON
Address: 2106 S CYPRESS BEND DR #504
City-St-Zip: POMPANO BCH, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, NILTON J
Address: 401 SW 1ST CT #203
City-St-Zip: POMPANO BEACH, FL 33060

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: NILTON J SILVA PD 12/15/2009
Electronic Signature of Signing Officer or Director Date