

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000106610

**FILED**  
**Oct 30, 2011**  
**Secretary of State**

**Entity Name:** PREPAID LINK SOLUTION INC

**Current Principal Place of Business:**

8316 WARLIN DR N  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8316 WARLIN DR N  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMIA, GEORGE  
8316 WARLIN DR N  
JACKSONVILLE, FL 32216 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: GEORGERAMIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIA, GEORGE  
Address: 8316 WARLIN DR N  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GEORGERAMIA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/30/2011

\_\_\_\_\_  
Date