

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000036318

Entity Name: MXP SERVICES, INC.

**FILED**  
**Jan 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

15915 N. FLORIDA AVE., SUITE C  
LUTZ, FL 33569

**New Principal Place of Business:**

15915 N. FLORIDA AVE., SUITE C  
SUITE C  
LUTZ, FL 33569

**Current Mailing Address:**

15915 N. FLORIDA AVE., SUITE C  
LUTZ, FL 33569

**New Mailing Address:**

15915 N. FLORIDA AVE., SUITE C  
SUITE C  
LUTZ, FL 33569

FEI Number: 27-2464739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELON, MARK X  
12205 NETHERFIELD CT  
RIVERVIEW, FL 33569 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: MARK X PELON

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PELON, MARK X  
Address: 12205 NETHERFIELD CT  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP  
Name: PELON, VIRGINIA A  
Address: 9116 CYPRESSWOOD CIR  
City-St-Zip: TAMPA, FL 33647

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: MARK X PELON

D

01/14/2013

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

\_\_\_\_\_  
Date