2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000065674

Entity Name: ENERGY SERVICES, INC.

FILED Nov 14, 2005 Secretary of State

Entity Name: ENERGY SERVICES, INC.						
Current Principal Place of Business:			New Princi	ipal Place of Business:		
7820 N 56T SUITE B TAMPA, FL						
Current Mailing Address:			New Mailir	New Mailing Address:		
7820 N 56T SUITE B TAMPA, FL						
FEI Number:	59-3205077	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Ad				Address of New Registered Agent:		
7820 N 56T TAMPA, FL	33617 US		er elemente de la constant de la co			
in the State		bmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,		
SIGNATURE: CHARLES SAFARIK						
	Electronic	Signature of Registered Agent		Date		
		2)(b), F.S., the corporation did not re	eceive the prior notice	е.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPS () D SAFARIK, CHARL 7820 N 56TH ST TAMPA, FL 3361		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D CARLO, KIMBERI 1307 GULFSTRE. BRANDON, FL 33	AM CIR #403	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CARLO, KIMBERLY D 31424 PHILMAR LANE WESLEY CHAPEL, FL 33543		
Title: Name: Address: City-St-Zip:	VPO () D SAFARIK, JAMES 9061 SUNCREST SEMINOLE, FL 3	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () D MOWER, JIM 5201 W KENNED TAMPA, FL 3360		Title: Name: Address: City-St-Zip:	T (X) Change () Addition LODEN, SCOTT PO BOX 60547 ST. PETERSBURG, FL 33784		
Title: Name: Address: City-St-Zip:	AD () D JONKHOUT, THO 7204 21ST STRE TAMPA, FL 3361	ET	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIM CARLO VP 11/14/2005