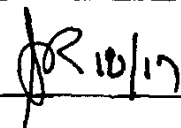


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000003555			
1. Entity Name ARCADIA SERVICES, INC.			
Principal Place of Business 21493 LINWOOD CT. BOCA RATON, FL 33433		Mailing Address 21493 LINWOOD CT. BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0633990		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		10072005 REIN-P CR2E098 (8/04)	
6. Name and Address of Current Registered Agent HENDLER, AUTA P 21493 LINWOOD CT. BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENDLER, ROBERT C 21493 LINWOOD CT. BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 900060549529 10/12/05--01049--014 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENDLER, AUTA P 21493 LINWOOD CT. BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/7/05 Date	

FILED

05 OCT 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA