

DOCUMENT # P98000028635

1. Entity Name  
GOVERNMENT PROCUREMENT SERVICES, INC.

Principal Place of Business  
716 1/2 S. DELAWARE AVENUE  
TAMPA FL 33606

Mailing Address  
716 1/2 S. DELAWARE AVENUE  
TAMPA FL 33606

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

FILED  
SECRETARY OF STATE  
CORPORATIONS  
00 DEC 11 PM 5:00



REINSTATEMENT

4. FEI Number 59-3503710  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASAK, ROBERT R  
3108 CENTRAL DRIVE  
PLANT CITY FL FL335-67

Name ROBERT R. KASAK  
Street Address (P.O. Box Number is Not Acceptable)  
3802 CORPOREX PARK DR. SUITE 200  
City TAMPA FL Zip Code 33619

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.

SIGNATURE *Robert R. Kasak* 12-6-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Delete
NAME	MALINOWSKI, ROBIN	
STREET ADDRESS	716 1/2 S. DELAWARE AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	Delete
NAME	MALINOWSKI, MARTIN	
STREET ADDRESS	716 1/2 S. DELAWARE AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all alike empowered.

SIGNATURE: *Robert R. Kasak* 10-23-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)