

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V14235

**FILED**  
**Dec 07, 2012**  
**Secretary of State**

**Entity Name:** MUTUAL AID SERVICES, INC.

**Current Principal Place of Business:**

37 SOUTH BENEVA ROAD  
SARASOTA, FL 34232

**New Principal Place of Business:**

12580 SHANNONDALE DR  
FORT MYERS, FL 33913

**Current Mailing Address:**

37 SOUTH BENEVA ROAD  
SARASOTA, FL 34232

**New Mailing Address:**

12580 SHANNONDALE DR  
FORT MYERS, FL 33913

**FEI Number:** 65-0315120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEACHEY, VERDA  
4929 OLD CREEK DR  
SARASOTA, FL 34233 US

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

BEACHEY, VERDA  
12580 SHANNONDALE DR.  
FORT MYERS, FL 33913 US

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: VERDA BEACHEY

12/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BEACHEY, VERDA  
Address: 12580 SHANNONDALE DR.  
City-St-Zip: FORT MYERS, FL 33913

Title: STD  
Name: BEACHEY, DALE  
Address: 12580 SHANNONDALE DR.  
City-St-Zip: FORT MYERS, FL 33913

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: VERDA BEACHEY

PRES

12/07/2012

Electronic Signature of Signing Officer or Director

Date