

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V69486

FILED  
Oct 26, 2009  
Secretary of State

Entity Name: TOTAL MAINTENANCE BUILDING SERVICES, INC.

**Current Principal Place of Business:**

4430 DAFFODIL CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31962  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 65-0428580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALBRAITH, FRANCIS  
4430 DAFFODIL CIRCLE N  
PALM BEACH GARDENS, FL 33410 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: FRANCIS GALBRAITH

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALBRAITH, EDWARD J  
Address: P.O.BOX 31962  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: STD ( ) Delete  
Name: GALBRAITH, FRANCIS A.  
Address: 4430 DAFFODIL CIRCLE N  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: GALBRAITH, BETTYE N.  
Address: 4430 DAFFODIL CIRCLE N  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: HANLET-GALBRAITH, NADINE  
Address: P.O.BOX 31962  
City-St-Zip: PALM BEACH GARDENS, FL 33420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANCIS GALBRAITH

STD

10/26/2009

Electronic Signature of Signing Officer or Director

Date