2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000027158

Entity Name: FACILITY INTEGRATION SOLUTIONS, INC.

FILED Dec 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2323 S W/ SUITE 213	ASHINGTON A	VE			
	E, FL 32780	US			
Current Mailing Address:			New Mailing Address:		
POBOX CHRISTM	1358 AS, FL 32709	US			
FEI Number	: 59-3567749	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
24088 SIS	OTT, JOHN M LER AVENUE AS, FL 32709	US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE: RICHARD	LENEVE			
	Electron	ic Signature of Registered Ag	ent	Date	
		8(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () MCDERMOTT, v 24088 SISLER A CHRISTMAS, FI	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LENEVE, RICHA 6746 DICKISON DUNLAP, IL 61:	IRD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SCHECK, ROGI 514 ANKLE LAN METAMORA, IL	IE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () PENNOINGTON	Delete . JEFF	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RICHARD LENEVE PRES 12/16/2009

1309 WOODS FARM LANE

SPRINGFIELD, IL 62704

Address:

City-St-Zip: