

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB -6 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
01282008 REIN:P CR2E098 (1/07) 07108



**DOCUMENT # P02000050260**  
 1. Entity Name  
 MCINTYRE EXTERIORS, INC.

Principal Place of Business      Mailing Address  
 926-C 9TH AVENUE SOUTH      926-C 9TH AVENUE SOUTH  
 JACKSONVILLE BEACH, FL 32250      JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 926-B 9th Avenue South      926-B 9th Avenue South  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Jacksonville Beach, FL      Jacksonville Beach, FL  
 Zip      Country      Zip      Country  
 32250      USA      32250      USA

6. Name and Address of Current Registered Agent  
 MCINTYRE, JOHN A  
 926-C 9TH AVENUE SOUTH  
 JACKSONVILLE BEACH, FL 32250

4. FEI Number      Applied For  
 33-1005913      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

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]*      John McIntyre      01/30/2008  
(NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$300.00**      In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCINTYRE, JOHN 926-C 9TH AVE S JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEVENS, TIM F 6130 ISLAND FOREST DR ORANGE BEACH, FL 32003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. Pres, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mark Stevens 926-B 9th Avenue South Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200117240912 02/06/08--01012--021      **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      01/30/08      904.249.3049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Davitts Phone #