

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000159795

FILED
Oct 30, 2008
Secretary of State

Entity Name: CARPET & DRYWALL RESTORATION, INC.

Current Principal Place of Business:

3911 NW 96 AVE
COOPER CITY, FL 33024 US

New Principal Place of Business:

3440 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

3911 NW 96 AVE
COOPER CITY, FL 33024 US

New Mailing Address:

3440 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-3905354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTA, OVIDIU M
24480 VIENISON LANE
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

NORTON, GREGORY
3440 NORTHCORP PKWY
PALM BEACH GARDENS, FL 33410 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: GREGORY NORTON

10/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANTA, OVIDIU M
Address: 24480 VIENISON LANE
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOORE, KEVIN
Address: 3440 NORTHCOPR PKWY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CFO () Change (X) Addition
Name: STOVER, RICKY
Address: 3440 NORTHCORP PKWY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Change (X) Addition
Name: CFE,
Address: 3440 NORTHCORP PKWY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: CFE

D

10/30/2008

Electronic Signature of Signing Officer or Director

Date