

AUG. 4.2005 3:49PM

NO.378 P.2/3

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

05 AUG -5 AM 8:15

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013296					
1. Entity Name INNOVATIVE BUILDING CONTRACTORS, INC.					
Principal Place of Business 142 OLD COUNTRY RD WELLINGTON, FL 33414 US			Mailing Address 142 OLD COUNTRY RD WELLINGTON, FL 33414 US		
2. Principal Place of Business			a. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
3. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY, SUITE 405 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name: <u>Victor Rogalny</u> Street Address (P.O. Box Number is Not Applicable) <u>142 Old Country Rd.</u> City: <u>Wellington</u> FL Zip Code: <u>33414</u>		
4. FEI Number 85-0376904					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
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: <u>Victor R Rogalny</u> <u>Victor R Rogalny</u> <u>8-4-05</u> Signature, typed or printed name of registered agent and date of approval. (NOTE: Registered Agent's signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	ROGALNY, VICTOR R				
STREET ADDRESS	142 OLD COUNTRY RD				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	VP	☐ Delete			
NAME	BITTEL, ERIC				
STREET ADDRESS	1517 NORTH N ST				
CITY-ST-ZIP	LAKE WORTH, FL 33460				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an affidavit with all other like empowered.					
SIGNATURE: <u>Victor R Rogalny</u> <u>Victor R Rogalny</u> <u>8-4-05</u> <u>561-7226147</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					



08042005 REIN-P CR2E095 (6/04)

4. FEI Number
85-0376904Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN PORTER ACCOUNTING INC
400 S FEDERAL HWY, SUITE 405
BOYNTON BEACH, FL 33435Name: Victor Rogalny

Street Address (P.O. Box Number is Not Applicable)

142 Old Country Rd.City: Wellington

FL

Zip Code: 33414

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: Victor R Rogalny Victor R Rogalny 8-4-05
Signature, typed or printed name of registered agent and date of approval. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

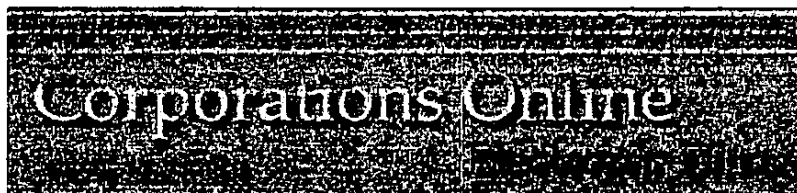
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROGALNY, VICTOR R
142 OLD COUNTRY RD
WELLINGTON, FL 33414 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BITTEL, ERIC
1517 NORTH N ST
LAKE WORTH, FL 33460 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600058695026
08/17/05--01041--016 **150.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
\$150.00 received on-lineTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
11/24/04. \$818TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
\$815TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE: Victor R Rogalny Victor R Rogalny 8-4-05 561-7226147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date



Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	\$150.00
Email Address:	crogalny@att.net
Date/Time Paid:	11/24/2004 10:33:33
Payment ID Number:	5207716
Reference Number:	700042998177
Thank you for using the LINK2GOV Online Payment System. Print this receipt for your records. You MUST select continue in order to receive your CONFIRMATION from the State.	

Continue

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