

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000033535

FILED
Oct 09, 2009
Secretary of State

Entity Name: 4 SEASONS CUSTOM REMODELING, INC.

Current Principal Place of Business:

500 PINE SONG DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

500 PINESONG DRIVE
CASSELBERRY, FL 32707

Current Mailing Address:

500 PINE SONG DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

500 PINESONG DRIVE
CASSELBERRY, FL 32707

FEI Number: 22-1566327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUIGNAN, TREVOR
375 DOUGLAS AVE STE 1007
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PHIL, SULECKI
500 PINESONG DR.
CASSELBERRY, FL 32707 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: PHIL SULECKI

10/09/2009

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: D () Delete
Name: SULECKI, PHILLIP J
Address: 500 PINE SONG DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: SULECKI, SIM L
Address: 500 PINE SONG DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SIM L. SULECKI

AVP

10/09/2009

Electronic Signature of Signing Officer or Director

Date