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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
W09-20684			

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04/30/09--01013--007 **70.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

3 TH 1 22 AM 7: 59



COVER LETTER

	New Filing Section Division of Corporations			
SUBJE	CT: RESTORATION (Name of con	SERVICES , IV poration - must include suffix)	Je.	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Corporation of Existence," and check are submitt business in Florida.			
Please re	eturn all correspondence concerning this	matter to the following:		
	FRANK REACTAN		-	
	(N:	ame of Person)		
	RESTORATION SO	ERDICES INC		
······································	(Fi	rm/Company)		
	275 Indies W	DAY Ste 901		
		(Address)		
Ν	eturn all correspondence concerning this FRANK REAGAN (No. RES FORA FLOW SE (Fi 275 Indies W Aples FE (City)	34110		
	(City,	/State and Zip code)		
For furth	ner information concerning this matter, p	lease call:		
(Name of Person) at (847) 366-9134 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
	STREET/COURIER ADDRESS: New Filing Section	MAILING A New Filing S		
Division of Corporations			Division of Corporations P.O. Box 6327	
	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, I		
Enclose	d is a check for the following amount:			
\$70.0	0 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



RECEIVED
DEPARTMENT OF STATE

.09 MAY 22 PM 4: 06

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2009

FRANK REGAN RESTORATION SERVICES INC 275 INDIES WAY, SUITE 901 NAPLES, FL 34110

SUBJECT: RESTORATION SERVICES, INC.

Ref. Number: W09000020686

We have received your document for RESTORATION SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

CONTROL OF THE CONTRO

Letter Number: 509A00014800

SEE ATTACKED NAME SELECTION.

A POSEC TO THE CASE OF A PARTY CONTROL OF THE CONTROL OF A PARTY CONTR

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORID	
1.	STORATION SERVICES INC.	
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	
CONCA	DETEREDAIN CONSULTANTS, INC. ble in Florida, enter alternate corporate name adopted for the purpose of transacting busing	
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting busin	ness in Florida)
2. DEL	A WARE 3. 36 ~ 44 3 0 0 6 (FEI number, if applicable)	3
(State or country t	inder the law of which it is incorporated) (FEI number, if applicable)
4 <i>3</i> /	8/01 5. PERPETUAL (Duration: Year corp. will cease to exist of	
(Date	of incorporation) (Duration: Year corp. will cease to exist of	or "perpetual")
6.		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 275	INDIES WAY STE 901 NAPLES, FL	34110
· · · · · · · · · · · · · · · · · · ·	(Principal office address)	
	SAME	
	(Current mailing address)	
8. Co.	NSTRUCTION CONSULTANT	
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)	O9 MAY 22 SECRETARY TALLAHASSEE
Name:	FRANK KEAGAN	Y 22 ETARY FASSE
Office Address:	275 INDIES WAY, #90/ NAPLES , Florida 34/10 (City) (Zip code)	Y 22 MH 7: (TARY OF STATE ASSEE, FLORID
	<u>NAPLES</u> , Florida <u>34/10</u>	PAR H
	(City) (Zip code)	≥m 22
10. Registered ag	ent's accentance	_
	ed as registered agent and to accept service of process for the above stated corpo	oration at the place
designated in this	application, I hereby accept the appointment as registered agent and agree to a	ct in this capacity. I
	mply with the provisions of all statutes relative to the proper and complete perfo with and account the obligations of my position as registered agent	ormance of my duties,
unu 1 um jamuilar	with and accept the obligations of my position as registered agent.	
	Lack X	
_	(Registered agent's signature)	
	((togistered agents signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

i2. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: FRANK NEAGAN
Address: 275 Indies Way #901
Chairman: FRANK SEAGAN Address: 275 FNSiES WAY, #901 NAPLES, FL 34110
Vice Chairman: N/A
Address:
,
Director: N/A
Address:
Director: N/A
Address:
B. OFFICERS
President: FRANK REAGAN Address: 275 Indies Way #90/ NAPLES, FL 34/10
Address: 275 Indies Way #901
NAPLES FL 34110
Vice President: N/A
Address:
Secretary: FRAL REAGAN
Address: 275 Indies Way #901 NAPLES FL 34110
Treasurer: N/A
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
13. Kronk Dragon
(Signature of Director or Officer listed in number 12 of the application)
14. FRANK KEAGAN, NASIDENT (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESTORATION SERVICES, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESTORATION SERVICES, INC" WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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090383416

AUTHENTYCATION: 7257356

DATE: 04-21-09

Jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp.delaware.gov/authver.shtml