

P02000058263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

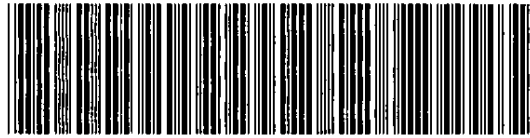
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT - 5 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Plus Restorations Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO2000058263

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David ALBERT
(Name of Person)

(Name of Firm/Company)

5191 SW 109th Ave
(Address)

David, FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

David ALBERT at (954) 520-6929
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

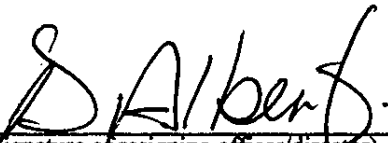
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David ALBERT, hereby resign as Director
(Title)

of A PLUS RESTORATIONS, INC
(Name of Corporation)

P02000058263, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314