

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000058554 1. Entity Name ABC SEAMLESS GUTTERS, INC.					
Principal Place of Business 7247 TROPICAL DRIVE WEEKI WACHEE, FL 34607				Mailing Address 7247 TROPICAL DRIVE WEEKI WACHEE, FL 34607	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Box 68 Suite, Apt. #, etc.			
City & State ARRIPEKA Florida		4. FEI Number 01-0673850		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34679	Country Fernando	6. Name and Address of Current Registered Agent BARKALOW, WILLIAM A 7247 TROPICAL DRIVE WEEKI WACHEE, FL 34607			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	D BARKALOW, WILLIAM A 7247 TROPICAL DRIVE WEEKI WACHEE, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060202359 10/04/05--01003--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.					
SIGNATURE: <u>William Barkalow</u> <u>William Barkalow</u> 9/29/05 352/398-5465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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REINSTATEMENT 05
 Applied For Not Applicable