2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087001

1. Entity Name
PREMO REMODELING, INC.

FILED
07 SEP 13 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8955 TRILBY AVE JACKSONVILLE, FL 32222	8955 TRILBY AVE JACKSONVILLE, FL 32222
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32222 Country Duval	Zip 32222 Country Duval

REINSTATEMENT CR2E098 (1/07) 06-07

4. FEI Number 02-0624578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARUFI, KARRIE
8955 TRILBY AVE
JACKSONVILLE, FL 32222

7. Name and Address of New Registered Agent

Name: Karrie Garufi
Street Address (P.O. Box Number is Not Acceptable): 8955 Trilby Av
Jax Fla 32222
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: Karrie Garufi 8/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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	D GARUFI, DAVID 8955 TRILBY AVE JACKSONVILLE, FL 32222 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ~~600109407445~~ ~~09/12/07--01003--009 **309.00~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARUFI, KARRIE 8955 TRILBY AVE JACKSONVILLE, FL 32222 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600109407445 09/14/07--01024--009 **309.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARUFI, SAM 8955 TRILBY AVENUE JACKSONVILLE, FL 32222 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$ 9/13 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karrie Garufi 8/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #