

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000113128

1. Entity Name
J & S SOFFIT & FASCIA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 24 PM 3:30

Principal Place of Business
703 SAYBROOK STREET
PORT ORANGE, FL 32127

Mailing Address
703 SAYBROOK STREET
PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #
5984 Pelham Drive
Suite, Apt. #, etc.

3. Mailing Address
5984 Pelham Drive
Suite, Apt. #, etc.



04132008 REIN-P CR2E098 (1/07)

City & State
Port Orange, FL
Zip Country
32127 US

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Port Orange, FL
Zip Country
32127 US

4. FEI Number
38-3662292
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUZZI, JOSEPH R
703 SAYBROOK STREET
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5984 Pelham Drive
City Port Orange FL Zip Code 32127

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

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

TITLE P
NAME GALLUZZI, JOSEPH R
STREET ADDRESS 703 SAYBROOK STREET
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ Delete

TITLE V
NAME GARDNER, BRIAN
STREET ADDRESS 32 SOUTH WIND DR
CITY-ST-ZIP PORT ORANGE, FL 32124 ☐ Delete

TITLE ST
NAME ALMADA, JAMIE L
STREET ADDRESS 630 LANVALE AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Galluzzi, Joseph R.
STREET ADDRESS 5984 Pelham Drive
CITY-ST-ZIP Port Orange, FL 32127 ☒ Change ☐ Addition

TITLE
NAME Gardner, Brian
STREET ADDRESS 4 Tropic Wind Drive
CITY-ST-ZIP Port Orange, FL 32128 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joseph R. Galluzzi
JOSEPH ROBERT GALLUZZI

4/15/08

386-304-1770

Date

Daytime Phone #