

ck payable to: Florida Department of State

2005 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 10:04

DOCUMENT # P03000062646			
1. Entity Name SOLID ROCK RENOVATIONS, INC.			
Principal Place of Business 804 NORTH FEDERAL HWY. SUITE 2 LAKE WORTH, FL		Mailing Address 804 NORTH FEDERAL HWY. SUITE 2 LAKE WORTH, FL	
2. Principal Place of Business 345 N. HAVERHILL RD		3. Mailing Address 345 N. Haverhill Rd	
Suite, Apt. #, etc. D23		Suite, Apt. #, etc. D23	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL	
Zip 33415	Country USA	Zip 33415	Country
4. FEI Number 75-3117367		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RETAMAR, RICHARD E 2424 NORTH FEDERAL HWY. SUITE 460 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04-05 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 _____ (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 ARCE, EDWIN N 1523 MEADOW CIRCLE BOYNTON BEACH, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCE, EDWIN 345 N. HAVERHILL RD APT D23 WEST PALM BEACH FL 33415 <input checked="" 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
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: Edwin Arce		Date _____ Daytime Phone: # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			