

2006.FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000125827			
1. Entity Name CAROLINA'S RESURFACING & RESIDENTIAL CLEANING, INC.		Principal Place of Business 1656 HARBOR OAKS DRIVE TARPON SPRINGS, FL 34689 US	
Mailing Address P O BOX 2328 TARPON SPRINGS, FL 34688-2328 US		2. Principal Place of Business 12430 Ridgedale Dr. Suite, Apt. #, etc.	
3. Mailing Address 12430 Ridgedale Dr. Suite, Apt. #, etc.		4. FEI Number 20-0360046	
City & State Hudson, Florida Zip 34669 Country Pasco		City & State Hudson, Florida Zip 34669 Country Pasco	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMBUCCI, ANTHONY 1656 HARBOR OAKS DRIVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name: Sambucci Anthony Street Address (P.O. Box Number is Not Acceptable): 12430 Ridgedale Dr. City: Hudson FL Zip Code 34669	
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: 1-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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: P NAME: SAMBUCCI, CAROLINA R STREET ADDRESS: 1656 HARBOR OAKS DRIVE CITY-ST-ZIP: TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE: P NAME: Sambucci Carolina STREET ADDRESS: 12430 Ridgedale Dr. CITY-ST-ZIP: Hudson, FL 34669	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SAMBUCCI, ANTHONY STREET ADDRESS: 1656 HARBOR OAKS DRIVE CITY-ST-ZIP: TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE: VP NAME: Sambucci, Anthony STREET ADDRESS: 12430 Ridgedale Dr. CITY-ST-ZIP: Hudson, FL 34669	<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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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 an other like empowered.			
SIGNATURE: 		Date: 1-25-06 Daytime Phone #:	

FILED
06 JAN 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE



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REINSTATEMENT OF
1-25-06