2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000127443 1. Entity Name* A4 SEAMLESS CLITTERS INC							FILED				
A+ SEAMLESS GUTTERS INC.							DEC 20	-17 -19 1-	21		
Principal Place of Business Mailing Address					<u> </u>	7	050		111 1.	31	
6335 SW 93 MAME FL 3	RD PLACE		6335 SW 93RD PLACE MGAMI, FL 33173				SEC. TALL:		:		
							CH 21 (CH 122 C				
2. Principal Place of Business 19911 SW 80 ST SQUIE											
Suite, Apl.	#, etc.		Suite. Apt. #, etc.			12192005	12192005 REIN-P CR2E098 (6/04)				
City & State	mi		City & State	City & State			4. FEI Number 45-0526820			optied For ot Applicable	
Zip Country 33/93 USA			Zip	Zip Country		5. Certificate	tiflicate of Status Desired Fee I			ditional d	
	6. Name	and Address of Curren	st Registered Agent		<u> </u>	7. Name and	Address of New	Registered A	gent		
BUENO, F	RANCISC	eo.	Name								
11470 SW 56 ST. MIAMI, FL 33165					Street Address (P.O. Box Number is Not Acceptable)						
					Câty gene Zip Code						
					1			FL			
8. The above named entity softmits 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 # explicable. (NETTE: Registered Agent signature required values releasted agent values releasted agent values.)											
FILE/NOWI!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										F.S., the notice.	
10.	T	OFFICERS AN		11.		ADDITIONS.	CHANGES TO OF	FICERS AND			
NAME				TITL					Change	☐ Addition	
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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 explowered 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.											
снандел, огон ан ашаситиети with an accoress, with an other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED TABLE OF SIGNAMO OFFICER OR DIRECTOR DELE DELE DELE											
URB DRYCHE FICHE F											