

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000127443

1. Entity Name
A+ SEAMLESS GUTTERS INC.



FILED

09 JUL -7 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13765 SW 147TH CIRCLE LANE, #3
MIAMI, FL 33186 US

Mailing Address
13765 SW 147TH CIRCLE LANE, #3
MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022009

REIN-P

CR2E098 (1/07)

4. FEI Number
45-0526820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUENO, FRANCISCO
13765 SW 147TH CIRCLE LANE, #3
MIAMI, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-09

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 PD
STREET ADDRESS BUENO, FRANCISCO
CITY-ST-ZIP 13765 SW 147TH CIRCLE LANE, #3
MIAMI, FL 33186 ☐ Delete

TITLE
NAME 000158219110 ☐ Change ☐ Addition
STREET ADDRESS 07/07/09 01017 025 \$300.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME V
STREET ADDRESS CASTRO, CASANDRA
CITY-ST-ZIP 13765 SW 147TH CIRCLE LANE, #3
MIAMI, FL 33186 ☐ Delete

TITLE
NAME REINSTATEMENT 08-09 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

207/7

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-09

Date

Daytime Phone #