3000/29

(Re	questor's Name)		
(Add	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Ви	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		



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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Renovation T (PROPOSED CORPORA	Doctors I	N.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UD E SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Tharles D.	CTLCKSWAN (Printed or typed)	
	160 Flores	Address	
	N Jelborne City	Beach Fl , State & Zip	32951
	321 - 43 Daytime	2-8793 .	<u> </u>

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

35 10 M

October 29, 2003

CHARLES D. GLICKSMAN 160 FLORES STREET MELBOURNE BEACH, FL 32951

SUBJECT: RENOVATION DOCTORS INC

Ref. Number: W03000031677

We have received your document for RENOVATION DOCTORS INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N02000001453.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 803A00058907

Division of Comparations D.O. DOV 6297 Well-barres Wheel to 2001.

To whom it may concern,

I charles D. Glicksman, President of

Renovation Doctors Inc. Document # NO200000145

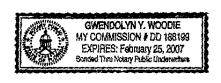
will not reinstate this corporation

a Del

I.D. Produced: Florida Driver's License

Notarized this Ith day of November, 2003.

Shordolyn y. Shodie Notary Signature



SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETAR TALLAHASS
	ARE:
ARTICLE I NAME	ASS ASS
The name of the corporation shall be:	
Kenaration Doctors Inc	F STATE
ARTICLE II PRINCIPAL OFFICE	o <u>o</u> ≓
The principal place of business/mailing address is:	-
160 Flores Street Melbourne Beach Fl	32951
ARTICLE III PURPOSE	m -
The purpose for which the corporation is organized is:	
To engage in remodeling repairs and	renovation
ARTICLE IV SHARES	Trans.
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
Charles D. Glicksman - Frestocent	-
Charles D. Glicksman - President Jack W. Glicksman - Treasurer	
ADMICI E III DECICARDED ACESTE	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	~-·
Charles P. Glicksman	
160 Flores St	
McIbarne Beach F1 32951	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	<u>.</u> . ,
Charles D Glicksman 160 Flores ST	
160 Flores ST	
Melbourne Beach Fl 32951 ************************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place	designated in this
certificate, I am familiar with and agreet the appointment as registered agent and agree to act in this capacity	
CO W	. 2
Signature/Registered Agent Date	<u></u>
ngnature/registated Agent	
05/05/03	3
Signature Incorporator Date	
t .	