

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
 05 DEC 20 AM 8:59  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P03000139496**

1. Entity Name  
**ABSOLUTE HOME EXTERIORS, INC.**

Principal Place of Business <b>1640 VIOLET AVENUE TITUSVILLE, FL 32796 US</b>	Mailing Address <b>1640 VIOLET AVENUE TITUSVILLE, FL 32796 US</b>
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2. Principal Place of Business <b>75 TERRACE GARDEN</b>	3. Mailing Address <b>75 TERRACE GARDEN</b>
Suite, Apt. #, etc. <b>#4</b>	Suite, Apt. #, etc. <b>#4</b>

08282005 REIN-P CR2E098 (6/04)

City & State <b>TITUSVILLE FL</b>	City & State <b>TITUSVILLE FL</b>
Zip <b>32796</b>	Country <b>USA</b>

4. FEI Number <b>26-0074525</b>	Applied For <input type="checkbox"/> Not Applicable
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**6. Name and Address of Current Registered Agent**

**HIFFNER, STEVEN D  
1640 VIOLET AVENUE  
TITUSVILLE, FL 32796**

**7. Name and Address of New Registered Agent**

Name  
**HIFFNER, STEVEN D**

Street Address (P.O. Box Number is Not Acceptable)  
**75 TERRACE GARDEN  
#4**

City  
**TITUSVILLE**

State  
**FL**

Zip Code  
**32796**

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: *Steven D. Hiffner* **STEVEN D. HIFFNER** **12-19-05 SDH**  
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HIFFNER, STEVEN D 1640 VIOLET AVENUE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HIFFNER, STEVEN D 75 TERRACE GARDEN #4 TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500062298655 12/20/05--01051--012 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 04-05</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T. Roberts DEC 22 2005</b>
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"/> 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: *Steven D. Hiffner* **STEVEN D. HIFFNER** **12-19-05 SDH**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
**PRESIDENT** **08-29-05 (321) 223-8768**