

2006 FOR PROFIT CORPORATION REINSTATEMENT

10F2

FILED

06 MAY 15 AM 9:51

STATE OF FLORIDA



04132006 REIN-P CR2E098 (11/05) 05-06

DOCUMENT # P04000023366

1. Entity Name
SOUTHERN EXTERIORS OF THE SOUTH FLORIDA, INC.



Principal Place of Business
311 CORAL AVE
SUMMERLAND KEY, FL 33042

Mailing Address
311 CORAL AVE
SUMMERLAND KEY, FL 33042

2. Principal Place of Business
28541 Buccaneer Rd
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Little Torch Key, FL

Zip
33042

Country
USA

4. FEI Number
65-127788

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STALEY, STEVEN
311 CORAL AVE
SUMMERLAND KEY, FL 33042

7. Name and Address of New Registered Agent
Name: STEVEN R. STALEY
Street Address (P.O. Box Number is Not Acceptable): 28541 Buccaneer Rd.
City: LITTLE TORCH KEY FL Zip Code: 33042

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] DATE: 4-23-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD STALEY, STEVEN 311 CORAL AVE SUMMERLAND KEY, FL 33042 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075573474 05/31/06--01051--008 **300.00
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
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
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 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] DATE: 4-23-06 305-872-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-942-9369

252

To whom it may concern,

I never received my
renewal form for my corporation.
\$300.00 Please send only
for my reinstatement.

Thank you,

FEIN # 65-1277480 *Robert B. Italy (Pres. Inc.)*
(V.P.)