## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000055269

**Entity Name:** REPAIRMAN SERVICES, INC.

FILED Sep 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

100 DONALD AVENUE NORTH 2346 WINKLER AVENUE LEHIGH ACRES, FL 33971

B-202

FORT MYERS, FL 33901

**Current Mailing Address: New Mailing Address:** 

100 DONALD AVENUE NORTH 2346 WINKLER AVENUE LEHIGH ACRES, FL 33971

B-202

FORT MYERS, FL 33901

FEI Number: 20-0942743 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION 1261 E SAMPLE RD

Title:

US POMPANO BEACH, FL 33064

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.

SIGNATURE: TAX HOUSE CORPORATION

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

VD

Title: ( ) Delete Title: (X) Change ( ) Addition RODRIGUES, EDINEI W RODRIGUES, EDINEI W Name: Name: 100 DONALD AVENUE NORTH 2346 WINKLER AVENUE # B-202 Address: Address:

City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: FORT MYERS, FL 33901

() Delete (X) Change ( ) Addition RODRIGUES, JOAO A DE SOUZA, JOSE A Name: Name:

100 DONALD AVENUE NORTH 9854 BERNWOOD PLACE DRIVE # 305 Address: Address:

LEHIGH ACRES, FL 33971 City-St-Zip: City-St-Zip: FORT MYERS, FL 33912

Title: Title: TSD (X) Delete () Change () Addition

SILVA, RONILSON T Name: Name: 100 DONALD AVENUE NORTH Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: EDINEI W RODRIGUES 09/20/2005