2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104733 1. Entity Name CENTRAL FLORIDA GUTTERS INC.						06 DEC 2				
Principal Place 15544 ROYA CLERMONT, I	L OAK CT	Mailing Address 15544 ROYAL OAK CT CLERMONT, FL 34711	ı			SECKerá: F ALLAHA S				
	ace of Business Quinc//a St. #, etc.	3. Mailing Address / 980/ Qu. Suite, Apt. #, etc.	inella St	RI	IIIII Vəvalə		IIIIIII EM£			
City & State		<i></i> 1		4. FEI Number				plied For		
Orland Zip 3283	Country	Orlando Zip 37833	Country		20-1352 5. Certificate of	f Status Desired	×	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
DUNN, JEI	FFREY M	Name	Pert Campbell							
	YAL OAK CT	Street A	Street Address (P.O. Box Number is Not Acceptable)							
CLERMONT, FL 34711				19801 Quinella St						
			City	Oc la	ndo		Fi	Zip Cod	2833	
8. The above named entity submits this statement for the purpose of phanging 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, typed or printed name of registered agent and title if signature (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance corporation di				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO O	FFICERS AN			
TITLE NAME	P DUNN, JEFFREY M	☐ Delete	TITLE NAME	Pon	n. 5=8	Frey M		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	15544 ROYAL OAK CT CLERMONT, FL 34711		STREET ADDRESS CITY-ST-ZIP	620 Cl.	ermont	frey M engrove FL 3	. <i>1</i> 36			
TITLE NAME	VP CAMPBELL, KENT M	☐ Delete	TITLE NAME					Change	■ Addition	
STREET ADDRESS	19801 QUINELLA ST ORLANDO, FL 32833		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Trea Jaso		H Balla	.1	☐ Change	Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	De	Itona	FL 3	2738	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		_ Delete	NAME STREET ADDRESS CITY-ST-ZIP			0082: '080102				
TITLE NAME STREET ADORESS		☐ Deletæ	TITLE NAME STREET ADDRESS		85 12/20	.0082 //ii	815:	Change	Addition	
CITY-ST-ZIP		<u></u> -	CITY-ST-ZIP	ļ	- Lar Lar	00 0102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□.Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	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 ah address, with all other like empowered.										
SIGNAT	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	NON DIRECTOR		1.4 VI-	Date Date	ΔX	Daytime Phone #	9389	

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