## 2005 FOR PROFIT CORPORATION

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DOCUMENT # P04000117288  1. Entity Name THOMAS NIGRELLI INC.							FIL, 05 OCT 14 LLAHASSEE,			
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Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		10102005	REIN-P	CR2E098 (6/04)			
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6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
NIGRELLI	, THOMA	S								
1804 SCARLETT AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
NORTH PORT, FL 34289										
}					City			Zip Coo		
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		ty submits this statement fo stered agent.	r the purpose of changing its	register	red office or regist	ered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept	
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SIGNATURE.		m Kyell	<u> </u>							
	Signature, type	d or printed name of refutared agent	and title if applicable. (NCT	E: Registe	red Agard signature req 	ulred when reinstaling		DATE		
1	-	FEE IS \$150.00 006, Fee will be \$300.0	ın İ					rith s. 607.193(2)(b), not receive the prior		
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## THOMAS NIGRELLI, Inc.

FINER RENOVATIONS SINCE 1984
1804 Scarlett Avenue, North Port, Florida 34289
PHONE: (941) 539-1411

October 10, 2005

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

Gentlemen,

I did not receive the first notice for filing my 2005 Corporate Annual Report. Our address has changed and mail was not received. Please accept my Reinstatement form and payment.

If there are any questions I can be reached at (941) 539-1411 or (941) 429-6915.

Sincerely,

Thomas Nigrelli