

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130420

1. Entity Name
**AL SCHLABACH HOME IMPROVEMENTS & REPAIRS
INC.**



Principal Place of Business
**1315 BACON AVENUE
SARASOTA, FL 34232 US**

Mailing Address
**1315 BACON AVENUE
SARASOTA, FL 34232 US**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country

FILED
06 OCT 31 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182006 REIN-P CR2E098 (11/05) **06**

4. FEI Number
20-1630352

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

6. Name and Address of Current Registered Agent

**SCHLABACH, ALLEN
1315 BACON AVENUE
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,P SCHLABACH, ALLEN D 1315 BACON AVENUE SARASOTA, FL 34232 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHLABACH, FANNI 1315 BACON AVENUE SARASOTA, FL 34232 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 by the 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 the information on Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen D. Schlabach* **ALLEN D. SCHLABACH** **10-26-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida