

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000162138 1. Entity Name CGF RESTORATION & REPAIRS, INC						FILED 07 AUG 27 AM 8:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 34 EAST CREST AVE. WINTER GARDEN, FL 34787				Mailing Address 34 EAST CREST AVE. WINTER GARDEN, FL 34787			
2. Principal Place of Business - No P.O. Box # 34 E crest Ave				3. Mailing Address SAME			
Suite, Apt. #, etc. 34B				Suite, Apt. #, etc. 			
City & State WINTER GARDEN FL.				City & State 			
Zip 34787		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent BURNS, ROGER 34 EAST CREST AVE. WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$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	P BURNS, ROGER 34 EAST CREST AVE. WINTER GARDEN, FL 34787			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 600108659306 08/27/07--01048--007 **300.00 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURNS, ROSARIO 34 EAST CREST AVE. WINTER GARDEN, FL 34787			TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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; 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: <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/28/07</u> Daytime Phone #			