2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166875

Entity Name: ABC SCREEN REPAIR INC

FILED May 01, 2006 Secretary of State

analy Name: Albe detailed the All the							
Current Principal Place of Business:				New Principal Place of Business:			
2554 CREEKVIEW CR OVIEDO, FL 32765				5415 LAKE HOWELL ROAD WINTERPARK, FL 32792			
Current Mailing Address:				New Mailing Address:			
2554 CREEKVIEW CR OVIEDO, FL 32765				3902 WOODGLADE COVE WINTERPARK, FL 32708			
FEI Number:	38-3714041	FEI Number Applied For ()	FEI Numb	er Not Applic	cable ()	Certificate of Status Desired (X)	
Name and	Address of Co	ırrent Registered Agent:	N	Name and	Address of	New Registered Agent:	
PEASLEY, CHAD D 450 WILLA CREEK CR APT 201 WINTER SPRINGS, FL 32708 US				ANGARITA, HENRY V 3902 WOODGLADE COVE WINTERPARK, FL 32792 US			
The above in the State		ubmits this statement for the p	ourpose of o	changing its	s registered	office or registered agent, or both,	
SIGNATURE: HENRY ANGARITA				05/01/2006			
	Electroni	Signature of Registered Age	ent			Date	
		(2)(b), F.S., the corporation did no	ot receive the	prior notice	-		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V () PEREZ, MARIO 2554 CREEKVIE OVIEDO, FL 32		N A	itle: lame: kddress: City-St-Zip:	PEASLEY, CH 4201 SUNNYE		
Title: Name: Address: City-St-Zip:	()	Delete	N A	itle: lame: address: city-St-Zip:	V (ANGARITA, H 3902 WOODO WINTERPARI	GLADE COVE	
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Title: Name: Address: City-St-Zip:	()	Delete	N A	itle: lame: \ddress: City-St-Zip:	PEREZ, YESE 4201 SUNNYE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CHAD D. PEASLEY P 05/01/2006