


APPROVED
AND
FILED

06 NOV -7 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05000005288	
1. Entity Name A PERSONAL TOUCH SIDING, INC.	

DO NOT WRITE IN THIS SPACE

RESTATEMENT *06 Dec*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1073 Cherokee Trail St. Re, Apt. #, etc.		3. Mailing Address 1073 Cherokee Trail Suite, Apt. #, etc.	
City & State Willoughby, Ohio		City & State Willoughby, Ohio	
Zip 44094	Country	Zip 44094	Country
4. FEI Number 30-0088584		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (F.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor	
	City Miami	FL Zip Code 33145

8. The above named entity submits the 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.

By: *Natalia Utrera* Natalia Utrera, Vice President

SIGNATURE: _____ DATE: _____

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Form

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD Cole, Duane 1073 Cherokee Trail Willoughby, Ohio 44094	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800091769379 11/14/06-01063-009-***150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder or trustee and authorized to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like addresses.

SIGNATURE: *Duane Cole* Duane Cole, President 10-27-06 216-219-1676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF OHIO)
COUNTY OF LAKE)

1. Duane Cole is the President of A PERSONAL TOUCH SIDING, INC., a Florida corporation, (hereinafter "Corporation").

2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.

3. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:

3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,

3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.

4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 Annual Report fees and the filing of its 2006 Annual Reports, which are presented simultaneously with this Affidavit.

5. A PERSONAL TOUCH SIDING, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 27 day of October, 2006

FURTHER, AFFIANT SAYETH NOT

A PERSONAL TOUCH SIDING, INC.

By: [Signature]
Duane Cole, President

SWORN AND SUBSCRIBED

before me this 31 day of October, 2006

Sharon L. Jukiewicz
Notary Public State of Ohio
My Commission Expires 6-12-10
(recorded in Lake County)

[Signature]
Notary Public, State of OHIO at Large
Printed Name: SHARON L. JUKIEWICZ
Commission Expires: 6-12-10

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