


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000055483 1. Entity Name GUTTERS UNLIMITED SEAMLESS GUTTERS, INC.					
Principal Place of Business 1028 SCENIC VIEW CIR CLERMONT, FL 34711			Mailing Address 1028 SCENIC VIEW CIR CLERMONT, FL 34711		
2. Principal Place of Business 11742 Regal Ridge Ln Clermont, Fla		3. Mailing Address 11742 Regal Ridge Ln Clermont, Fl			
Suite, Apt. #, etc. Clermont, Fla		Suite, Apt. #, etc. Clermont, Fl		4. FEI Number 47 095 3696	
City & State Clermont, Fla		City & State Clermont, Fl		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34711		Country USA		Zip 34711	
Country USA		6. Name and Address of Current Registered Agent JERNIGAN, PATTI-JO 836 W MONTROSE ST STE 5 CLERMONT, FL 34711			
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 _____ <small>Signature, typed or printed name of registered agent, and when applicable, (NOTE: Registered Agent signature required when reinstating)</small>	
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 ANGELIDIS, IGNATIOS 1028 SCENIC VIEW CIR CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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; 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 12-06-06	
Daytime Phone # 3216898071				Daytime Phone #	