


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000075058			
1. Entity Name A1A RESCREEN & REPAIRS, INC.			
Principal Place of Business 16109 CHASTAIN ROAD ODESSA, FL 33556 US		Mailing Address 16109 CHASTAIN ROAD ODESSA, FL 33556 US	
2. Principal Place of Business 16109 CHASTAIN RD		3. Mailing Address 16109 CHASTAIN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ODESSA, FL		City & State ODESSA, FL	
Zip 33556	Country US	Zip 33556	Country US



11282006 REIN-P CR2E098 (11/05)

4. FEI Number 20-2890666 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GERBASE, PAUL M 16109 CHASTAIN ROAD ODESSA, FL 33556		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: Paul M. Gerbase (NOTE: Registered Agent signature required when reinstating) DATE: 12/10/06

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	P GERBASE, PAUL M 16109 CHASTAIN ROAD ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit 800082573728 12/15/06--01047--001 **150.00
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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: Paul M. Gerbase 12/10/06 (813) 842-5552