



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000112299 1. Entity Name UPRIGHT INSTALLATIONS OF SW FLORIDA INC						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 AM 9:42 REINSTATEMENT 06	
Principal Place of Business 450 W DEARBORN ST ENGLEWOOD, FL 34322				Mailing Address 450 W DEARBORN ST ENGLEWOOD, FL 34223			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent TOBE, LAWRENCE 450 W DEARBORN ST ENGLEWOOD, FL 34223				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><i>Lawrence Tobe</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>10-24-06</i></u> <small>(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	VD TOBE, LAWRENCE 264 MARINER LANE ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 000081351620 10/31/06--01013--001 **158.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOBE, DEBORAH 264 MARINER LANE ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete			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: <i>Lawrence Tobe</i> LAWRENCE TOBE / PRES.				10-24-06		941-698-2408	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	