

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000122649			FILED
1. Entity Name DAVE DUFF HOME IMPROVEMENTS INC			06 DEC -4 AH 10: 47
		COD WE THE	STATE OF STATE
Principal Place of Business 1230 SEDEEVA CIR.N.	Mailing Address 1230 SEDEEVA CIR.N.		MEL AMARINE, PLUSIUM
CLEARWATER, FL 33756 US	CLEARWATER, FL 33756	US	
			I DERIKER DIE BYDE BYDE BYDE BEDE BEDE BEDE BEDE HEDE HEDE HEDE DEUT BEDE DEUT BEDE DE DE DE
2. Principal Place of Business 3. Mailing Address		£ 20	
Saite, Apt. #, etc.		or ur	TOTO STITUS IT DEPENDENT A TEMPORAL ALIES PORTS
City & State City & State		FC	4. FEI Number _ Applied For
3375) c - [4. FEI Number 20 - 3444387 Applied For Not Applicable
Zip Country	Zip 33750	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	75.5	7. Name and Address of New Registered Agent
UNITED STATES CORPORATION AGENTS, INC.			
1111 LINCOLN RD			(P.O. Box Number is Not Acceptable)
SUITE 400 MIAMI BEACH, FL 33139			
		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 Signature, typed withhed name of registered agent any object against a publicable. (NOTE: Registered Agent signature required when reinstating) Out Out Out Out Out Out Out Ou			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME DUFF, DAVE	C Delete	NAME	
STREET ADDRESS 1230 SEDEEVA CIR.N. CITY-ST-ZIP CLEARWATER, FL 33756		STREET ADDRESS - City-St-2/P	100082255741 12/04/0601050009 **149.00
TITLE T	Delete	TITLE	☐ Change ☐ Addition
NAME QUINN, KEVIN STREET ADDRESS 1230 SEDEEVA CIR.N.		NAME SYDEET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 33756		STREET ADDRESS CITY-ST-ZIP	
TITLE S	Delete	TITLE	☐ Change ☐ Addition
NAME QUINN, VIRGINIA STREET ADDRESS 1230 SEDEEVA CIR.N.		NAME STREET ADDRESS	 -
CITY-ST-ZIP CLEARWATER, FL 33756	<u></u>	CITY-ST-ZIP	
TITLE NAME	☐ Detete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
HAME	□ Detete	NAME	C) overlide (C) Automon
STREET ADDRESS !		STREET ADDRESS CITY-ST-ZIP	
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 control			
the collection of the receiver of trustee enhancement with an address with all of the collection with all address with all of the collections			
SIGNATURE:			
752 4 2000			