

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000012384

**FILED**  
**Jun 02, 2008**  
**Secretary of State**

**Entity Name:** AFFORDABLE EXPRESS GUTTER SERVICES INC

**Current Principal Place of Business:**

1948 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

613 SW BILTMORE ST. SUITE 102  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

1948 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

PO BOX 880534  
PORT ST LUCIE, FL 34986

**FEI Number:** 20-3882774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLARKE, FABIAN  
1948 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

CLARKE, FABIAN  
5370 NW AKBAR TERR  
PORT ST LUCIE, FL 34986 US

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.

SIGNATURE: FABIAN CLARKE

06/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARKE, FABIAN  
Address: 5370 NW AKBAR TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CLARKE, FABIAN  
Address: 5370 NW AKBAR TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PRES ( ) Change (X) Addition  
Name: WALKER, ALEX  
Address: 5720 CULLOM COURT  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: SEC ( ) Change (X) Addition  
Name: CLARKE, MELANIE L  
Address: 5370 NW AKBAR TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN CLARKE

VP

06/02/2008

Electronic Signature of Signing Officer or Director

Date