2007 FOR PROFIT CORPORATION REINSTATEMENT

SE ACREATIONS Principal Place of Business SIGNATURE SECULIOUT AWNING SPECIALIST, INC. Mailing Address SIGNATURE Principal Place of Business SIGNATURE
Principal Place of Business 9850-A 61ST WAY SOUTH BOWNTON BEACH, FL 33437 2. Principal Place of Business - No P.O. Box # 955 A 61ST WAY SOUTH BOWNTON BEACH, FL 33437 3. Mailing Address 1/9 5 N. W. 52 MD RVE Solie. Apt. #, etc. 10102007 REIN-P CR25098 (1/07) Solie. Apt. #, etc. City & Sale. Dec. Apt. #, etc. City & Sale. Dec. Apt. #, etc. Country 3. Coun
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Suite, Apr. 8, etc. Suite, Ap
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Suite, Apt. 6, etc. Suite, Ap
City & State Country
Description of the above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of logistered agent. Description did not receive the prior notice.
Signature Sign
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name
Name CEK Jomes A
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 495 N.W. 52 NW BVE City DEWBY BLACH FL Zip.Code City DEWBY BLACH FL Zip.Code The obligations of tegistered agent. or both, in the State of Florida. I am tamiliar with, and accept the obligations of tegistered agent. SIGNATURE Signature Signature Fell is \$150.00 After January 1, 2008, 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 TILE NAME LEGGE, ROBERT J SIRET ADDRESS 9850-A 6[ST WAY SOUTH SIRET ADDRESS 9850-B 6[ST WAY SOUTH SIRET ADDRESS 10/12/0701053020 **150.00 Addition CITY-ST-ZIP DELRAY BEACH, FL 33445 Delete NAME SIRET ADDRESS 495 NW 52ND AVE DELRAY BEACH, FL 33445 Delete NAME OTHY-ST-ZIP Delete NAME SIRET ADDRESS GITY-ST-ZIP DELRAY BEACH, FL 33445 Delete NAME Delete NAME Delete NAME SIRET ADDRESS GITY-ST-ZIP DELRAY BEACH, FL 33445
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 495 N.W. 52 ND BVE City DEWBY BEACH FL Zip Code 33 WS 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 legistered agent. SIGNATURE Signature Supression food or printed name of registered agent and stall application. ORDITE Registered Agent algorithm registered when relinstating) DATE FILE NOWITH FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10.
City Deurshy Barder FL Zig Code City Deurshy Barder FL Zig Code 3 3 445 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.
City DELIARY BEACH FL Zig Code 3.3 kgs 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, speed or purited name of registered agent and 28th if applicable. (NOTE: Registered Agent algorithm regulated when rehinstating) FILE NOWILL FIEE IS \$150.00 After January 1, 2008, 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 SIREET ADDRESS SIREET ADDRESS GITY-ST-ZIP Detete TITLE NAME FICEK, JAMES A 495 NW 52ND AVE GITY-ST-ZIP TITLE NAME Detete TITLE NAME
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NAME STREET ADDRESS CITY-S1-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 of 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 regerver 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.
TITLE NAME STREET ADDRESS CITY-S1-ZIP 13 Absorbed contribution to information and line in the information and