2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000100709

Address

City-St-Zip:

Entity Name: ALL SIDING & SOFFIT, INC.

Oct 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3900 OLDFIELD CROSSING DR 401 JACKSONVILLE, FL 32223 **New Mailing Address: Current Mailing Address:** 3900 OLDFIELD CROSSING DR JACKSONVILLE, FL 32223 FEI Number: 20-5323828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVEIRA, ANDRE C OLIVEIRA, ANDRE C 3900 OLDFIELD CROSSING DR #1118 3900 OLDFIELD CROSSING DR JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 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: ANDRE OLIVEIRA 10/27/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition OLIVEIRA, ANDRE Name: Name: 3900 OLDFIELD CROSSING DR 401 Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: Title: Title: () Change () Addition () Delete GONDIM. ALESSANDRO Name: Name: 3900 OLDFIELD CROSSING DR 401 Address: Address: JACKSONVILLE, FL 32223 US City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: MAJIA, ELIECER Name:

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.

Address:

City-St-Zip:

Ρ SIGNATURE: ANDRE OLIVEIRA 10/27/2009

3900 OLDFIELD CROSSING DR 401

JACKSONVILLE, FL 32223 US