

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000136602

FILED
Jan 08, 2009
Secretary of State

Entity Name: TOP QUALITY REMODELING TECH INC.

Current Principal Place of Business:

12626 LITTLE PALM LN
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

12626 LITTLE PALM LN
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 20-5783896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVES, EUDSON SR
12626 LITTLE PALM LN
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

CHAVES, EUDSON
12626 LITTLE PALM LN
BOCA RATON, FL 33428 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: EUDSON CHAVES

01/08/2009

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:

Title: P,D () Delete
Name: CHAVES, EUDSON SR
Address: 12626 LITTLE PALM LN
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: CHAVES, EUDSON
Address: 12626 LITTLE PALM LN
City-St-Zip: BOCA RATON, FL 33428 US

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: EUDSON CHAVES

P,D

01/08/2009

Electronic Signature of Signing Officer or Director

Date