2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000133332 1. Entity Name T & T REMODELING INC						09 FEB 15	. E.D 9 AM 8: 17 Y OF STATE	
Principal Place of Business Mailing Address				 	,	SEUNLTAN TALLAHASS	EE, FLORIDA	
1490 DUNHURST DRIVE 1490 DUNHURST DRIVE PENSACOLA, FL 32534 PENSACOLA, FL 32534					I PARTITION IN IN			
Principal Place of Business - No P O Box # Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.			02162009	REIN-P	CR2E098 (1/07)	
City & State		City & State		4. FEI Number			oplied For ot Applicable	
	Country		Zip Count		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
GOODSON, TIM 1490 DUNHURST DRIVE PENSACOLA, FL 32534				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	е
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, typoid or printing plan of registaring agent and bits if applicative (NOTE: Registared Agent signature required when relinatating) DATE								
FILE NOW!!! FEE IS \$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/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE P Delete NAME GOODSON, TIM STREET ADDRESS 1490 DUNHURST DRIVE DENSACOLA, FL 32534				F	50 02/19/	I O 1 4 4 C /0901036	☐ Change ○12805 022 **300	☐ Addition
TITLE VP NAME GOODSON,	☐ Delete	TITLE				☐ Change	Addition	
	1490 DUNHURST DRIVE PENSACOLA, FL 32534			ET ADDRESS ST-ZIP				
TLE Delete			TITLE NAME	:			Change	☐ Addition
STREET ADDRESS CITY-SI-ZIP				ST-ZIP				
TITLE NAME							☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE NAME	VSTATI	CMENT	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	RH			T AODRESS ST-ZIP				
TITLE NAME		☐ Detete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 corporation or the receiver 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. SIGNATURE: SIGNATURE SIGNATURE Date Daving Phone Daving Phone								