

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000036573

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** N & M REMODELING SERVICES, INC

**Current Principal Place of Business:**

2939 SW 11TH CT.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2939 SW 11TH CT.  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 26-4694579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALFONSO, MARIA  
2939 SW 11TH CT  
CAPE CORAL, FL 33914 US

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

ALFONSO, NICOLAS  
2939 SW 11TH CT  
CAPE CORAL, FL 33914 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: NICOLAS ALFONSO

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: ALFONSO, NICOLAS  
Address: 2939 SW 11TH CT  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP,S  
Name: ALFONSO, MARIA  
Address: 2939 SW 11TH CT  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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 all other like empowered.

SIGNATURE: NICOLAS ALFONSO

NA

03/20/2012

Electronic Signature of Signing Officer or Director

Date