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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Na	me)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



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05/10/12--01021--023 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations
	ECT: National Restoration Experts Inc. (Name of Corporation)
DOCU	MENT NUMBER: <u>P09060096060</u>
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Biy	an Thomas Joe Hernandez (Name of Person)
	(Name of Firm/Company)
480	ON Federal Highway Suite 104D (Address)
Bo	ca Raton, Florida 33431 (City/State and Zip Code)
	ther information concerning this matter, please call: e Hernandez 561 756 6130
	(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclos	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Clifton 2661 E	Address: Iment Section On of Corporations Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Bryan T	homas	, hereby resign as Vi	ce president and	1 Director
of National	Restoration	Experts, Inc	,	•
Poq 000 0 9 4 (Document Number	(Name of Co	corporation organized under th	ne laws of the State of	
Florida				
	(1) D		7 _A .s	

ignature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314