

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000093308

**FILED**  
**Jan 03, 2013**  
**Secretary of State**

**Entity Name:** FLETCHER HOME IMPROVEMENTS AND PAINTING INC

**Current Principal Place of Business:**

1960 U S HIGHWAY 1 SOUTH BMP 219  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

399 ALTARA DRIVE  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

1960 U S HIGHWAY 1 SOUTH BMP 219  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

399 ALTARA DRIVE  
ST AUGUSTINE, FL 32086

**FEI Number:** 27-3967341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLETCHER, MARK  
399 ALTARA DRIVE  
ST AUGUSTINE, FL 32086 US

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

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: MARK FLETCHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FLETCHER, MARK  
Address: 399 ALTARA DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TREA  
Name: STEWART, WADE  
Address: 212 BONITA ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T  
Name: WARREN, GERALD  
Address: 399 ALTARA DR  
City-St-Zip: ST AUGUSTINE, FL 32086

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: MARK FLETCHER

PRES

01/03/2013

Electronic Signature of Signing Officer or Director

Date