


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 OCT 26 PM 2:41

<b>DOCUMENT # P94000075782</b> 1. Entity Name <b>HERNANDO ROOF CLEANING AND CUSTOM COATINGS, INC.</b>		
Principal Place of Business 12452 SPRING HILL DR. SPRING HILL, FL 34609	Mailing Address 12452 SPRING HILL DR. SPRING HILL, FL 34609	



2. Principal Place of Business		3. Mailing Address		10212004 REIN-P CR2E098(6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0530124</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CAMPBELL, JOHN 12300 BAXLEY STREET SPRING HILL, FL 34609			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$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/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN			NAME			
STREET ADDRESS	12300 BAXLEY ST.			STREET ADDRESS	10/14/04 01016 001 150-00		
CITY-ST-ZIP	SPRING HIL., FL 34609			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, THOMAS			NAME			
STREET ADDRESS	3024 TIFFANY CT.			STREET ADDRESS			
CITY-ST-ZIP	SPRING HIL., FL 34608			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

10/29/04