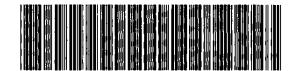
P9500067368

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	пе)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>
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resignation Bogocco

09/30/10--01023--001 **35.00



10/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RESTORATION ENTERPRISES INC (Name of Corporation)
DOCUMENT NUMBER: P95 000067368
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRENDA BRINN (Name of Person)
RESTORATION ENTERPRISES INC (Name of Firm/Company)
1721 RYAN DRIVE PO BOX 958 (Address)
LUTZ FZ 33549 (City/State and Zip Code)
For further information concerning this matter, please call:
BRENDA BRINN at (813)949 0 220 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2010 SEP 30 PM 3: 36

SECRETARY OF STATE TALL'AHASSEE, FLORIDA

I, _	DAUE F RHOADES, hereby resign as PRESIDENT
	(Title)
of_	RESTORATION ENTERPRISES INC
	(Name of Corporation)
	P95600 67368 , a corporation organized under the laws of the State of
	(Document Number, if known)
	ROPIDA.
	, , , , , , , , , , , , , , , , , , ,
	To the same of the
	(Signature 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