

P96000013680
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: RESTORATION SOLUTIONS, INC.
(Proposed corporate name - must include suffix)

900001710479
-02/08/96--01064--009
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Charlotte O'Brien
Name (printed or typed)

5320 McIntosh Point

Address

Sanford, FL 32773

City, State & Zip

407-322-1040

Daytime Telephone number

FILED
96 FEB -8 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER FEB 14 1996

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RESTORATION SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5320 McIntosh Point
Sanford, FL 32773

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charlotte M. O'Brien
5320 McIntosh Point
Sanford, FL 32773

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Charlotte M. O'Brien
644 Kenwick Circle #203
Casselberry, FL 32773

Mark D. O'Brien
6440 Kenwick Circle #203
Casselberry, FL 32773

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of February, 19 96.

Charlotte M. O'Brien

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RESTORATION SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

Charlotte M. O'Brien

(NAME)

5320 McIntosh Point

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Sanford, FL 32773

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Charlotte M. O'Brien

(SIGNATURE)

Feb. 7, 1996

(DATE)

RESTORATION SOLUTIONS, INC.

Post Office Box 2576

Sanford, FL 32772

407-322-1040

P96000013680

May 6, 1996

FLORIDA DEPT OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Document #P96000013680 - RESTORATION SOLUTIONS, INC.

Please be advised the mailing address for the above referenced Corporation has been changed. Please send all future mailings to:

RESTORATION SOLUTIONS, INC.

POST OFFICE BOX 2576

SANFORD, FLORIDA 32772

Sincerely,

Charlotte O'Brien

Charlotte O'Brien

Secretary

RESTORATION SOLUTIONS, INC.

COB/hs

*Antique, Heirloom and Commercial
Restoration Products*

Wpd 5/13 96

CHARLOTTE O'BRIEN

P.O. Box 2576
Sanford FL 32772
407-324-5998

P96000013680

Office Use Only

COMMUNICATIONS & DOCUMENT NUMBER(S) (If known):

1	(Corporation Name)	(Document #)
2	(Corporation Name)	(Document #)
3	(Corporation Name)	(Document #)
4	(Corporation Name)	(Document #)

40000226794--8
-06/30/97--01139--004
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRET
97 JUN 27 10 01 AM '97
P96000013680
15-97 97
IT 11
Diss
2016

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: RESTORATION SOLUTIONS, INC

SECOND: The date dissolution was authorized: 6/1/97

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 1ST day of JUNE, 1997

Signature

Charlotte O'Brien

(By the Chairman or Vice Chairman of the Board, President, or other officer)

CHARLOTTE O'BRIEN

(Typed or printed name)

SECRETARY / TREASURER

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JUN 27 AM 9:41

APPROVED
AND
FILED