

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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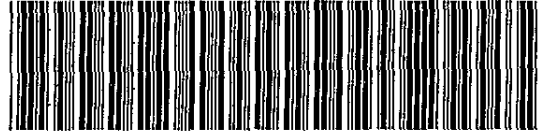
(Business Entity Name)

(Document Number)

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2. off/direction

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Restoration & Estimating Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000065744

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry M. Deets

(Name of Person)

(Name of Firm/Company)

P.O. Box 632

(Address)

Hobe Sound, FL 33475

(City/State and Zip Code)

For further information concerning this matter, please call:

Barry M. Deets

(Name of Person)

at (

772

) 286-4152

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

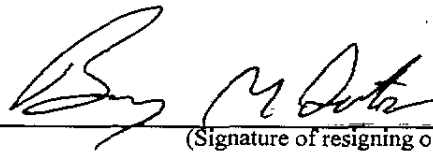
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Barry M. Deets, hereby resign as CFO / Director  
(Title)

of Restoration & Estimating Services, Inc.  
(Name of Corporation)

P96000065744, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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