


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000025362		
1. Entity Name EYES SAY SO CONSTRUCTION SERVICES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 14 AM 10:01

Principal Place of Business 1105 BELLA DONNA BRANDON, FL 33510	Mailing Address 1105 BELLA DONNA BRANDON, FL 33510
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REINSTATEMENT 05-06



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent DECOSTER, MARTIN P 1105 BELLA DONNA BRANDON, FL 33510		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

4. FEI Number **84-1636976** Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 *Martin De Coster* 7-12-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

500077952845
07/25/06--01040--009 **900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECOSTER, MARTIN P 1105 BELLA DONNA BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Martin De Coster* 7-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #