

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000063005

1. Entity Name  
RAIN CONTROL ALUMINUM OF CENTRAL FLORIDA, INC.



Principal Place of Business  
11414 WARMWIND WAY  
BROOKSVILLE, FL 34613

Mailing Address  
11414 WARMWIND WAY  
BROOKSVILLE, FL 34613

2. Principal Place of Business - No P.O. Box #  
5532-LEGEND HILLS LANE  
Suite, Apt. #, etc.

3. Mailing Address  
5532-LEGEND HILLS LANE  
Suite, Apt. #, etc.

3025



REINSTATEMENT 08-09

City & State  
SPRING HILL, FL.  
Zip  
34609  
Country  
USA

City & State  
SPRING HILL, FL. 34609  
Zip  
34609  
Country  
USA

4. FEI Number  
59-3523356

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUDKEWIC, TODD S  
5532 LEGEND HILLS LANE  
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DUDKEWIC, TODD S  
11414 WARMWIND WAY  
WACHEE, FL 34613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
700142832237  
02/04/09--01034--009 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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.

Todd DUDKEWIC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-09

Date

352-584-1832

Daytime Phone #