2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000079044

1. Entity Name
ALL PRO SEAMLESS GUTTERS, INC.

FILED
06 APR -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2852 DIGBY RD. SE PALM BAY, FL 32909	2852 DIGBY RD. SE PALM BAY, FL 32909

03292006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
2600 KIRBY CIRCLE NE	2600 KIROY CIRCLE NE
Suite, Apt. #, etc. # 11	Suite, Apt. #, etc. #11
City & State PALM BAY, FL	City & State PALM BAY, FL
Zip 32905 Country USA	Zip 32905 Country USA

4. FEI Number
59-3571476
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREDRICKS, LOIS
115 HICKORY ST., STE. 202
W. MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name: Lois A Fredricks
Street Address (P.O. Box Number is Not Acceptable): 1501 Robert J Conlan Blvd NE
Suite 170
City: Palm Bay FL Zip Code: 32905

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] 3/29/06
Signature of new or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstated.) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, TONY G JR 2852 DIGBY RD. SE PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2600 Kirby Circle NE #11 Palm Bay, FL 32905
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600070803066 04/18/06--01038--017 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 there is no Block 10 or on an attachment with an address, with all other like empowered.

DATE: 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TONY COX