

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY -7 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Hams
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Streamline Butters, Inc.
T99000032011

600005556036--5
-05/17/02--01004--029
****308.75 ****308.75

2. Principal Office Address

7721 Springfield Lake

Suite, Apt. #, etc.

3. Mailing Office Address

3760 Max Place

Suite, Apt. #, etc.

#206

City & State

Lake Worth, Fl.

City & State

Bounton Beach, Fl.

Zip

33467

Country

USA

Zip

33436

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4/05/99

5. FEI Number

050913102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Judy Rudolph

Street Address (P.O. Box Number is Not Acceptable)

3760 Max Place

Suite, Apt. #, Etc.

#206

City

Bounton Beach

State

FL

Zip Code

33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of
Registered Agent

Judy Rudolph

REGISTERED AGENT MUST SIGN

Date

5/6/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Schiaveni	7721 Springfield Lake	Lake Worth, Fl. 33467
✓	Derek Thomas	3760 Max Pl. #206	Bounton Beach Fl 33436
T	Judy Rudolph	3760 Max Pl. #206	Bounton Beach Fl 33436

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify* that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Judy Rudolph

Judy Rudolph

Date

5/6/02 561-7530

Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Streamline Gutters, Inc.

RECEIVED
 02 MAY - 7 AM 11: 06
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

5/7/02

Order#: 5323348

Ref#: _____ kf

Amount: \$ _____

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 Tallahassee, FL 32301
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 Fax 850 222 7615