2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000032011

OTDEANALINE OLITTEDO INO

2960 RIVERSIDE DR., #222

CORAL SPRINGS, FL 33045

Address:

City-St-Zip:

FILED Feb 22, 2005 Secretary of State

Entity Na	me: STREAM	LINE GUTTERS INC				
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:		
	ILITARY TRAIL LM BEACH, FI					
Current N	lailing Addres	ss:	New Mailing Addre	New Mailing Address:		
	DY CIRCLE N BEACH, FL :	33437				
FEI Number	: 65-0913102	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and	d Address of C	Current Registered Age	nt: Name and Address	Name and Address of New Registered Agent:		
	H, JUDY DY CIRCLE N BEACH, FL	33437 US	KOZMA, JUDY 8649 WINDY CIRCL BOYNTON BEACH,			
	e named entity : e of Florida.	submits this statement fo	r the purpose of changing its register	red office or registered agent, or both,		
SIGNATUI	RE: JUDY KO	DZMA		02/22/2005		
	Electror	nic Signature of Registere	ed Agent	Date		
		3(2)(b), F.S., the corporation g Trust Fund Contribution (did not receive the prior notice.).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () KOZMA, DERE 8649 WINDY O BOYNTON BEA	RCLE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () KOZMA, JUDY 8649 WINDY C BOYNTON BEA		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T (X RUDOLPH, JUI 3960 MAX PL # BOYNTON BEA	‡ 206	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	T () ELLIS, DANIEL) Delete	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JUDY KOZMA 02/22/2005 ٧