

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008916

Entity Name: RESTORATION, INC.**Current Principal Place of Business:**2884 SOUTH ORLANDO DRIVE
SANFORD, FL 32773**Current Mailing Address:**2884 SOUTH ORLANDO DRIVE
SANFORD, FL 32773 US**FEI Number:** 45-3338722**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DANIEL, TIMOTHY
280 MAYBECK CT
SANFORD, FL 32771 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DANIEL, TIMOTHY
Address	280 MAYBECK CT
City-State-Zip:	SANFORD FL 32771

Title	VP
Name	DANIEL, CATHY L
Address	280 MAYBECK CT
City-State-Zip:	SANFORD FL 32771

Title	TREASURER
Name	BENJAMIN, JANICE E
Address	319 ORCHARD HILL ST
City-State-Zip:	DELAND FL 32724

Title	DIRECTOR
Name	ROGERS, TIFFANY C
Address	319 ORCHARD HILL STREET
City-State-Zip:	DELAND FL 32724

Title	ELDRRESS
Name	PAGAN, ELIZABETH
Address	560 LAMSON TERRACE
City-State-Zip:	DELTONA FL 32738

Title	DIRECTOR
Name	GILBERT, CAMELLE
Address	280 MAYBECK COURT
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	TOUSSAINT, EURICA
Address	280 MAYBECK COURT
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	TOUSSAINT, FRANKIE
Address	280 MAYBECK COURT
City-State-Zip:	SANFORD FL 32771

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANICE BENJAMIN**TREASURER****01/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date