

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2005  
Secretary of State**

DOCUMENT# P03000143672

Entity Name: RIPPY FRAMING CO.

**Current Principal Place of Business:**

**New Principal Place of Business:**

12825 NW COUNTY RD 237  
ALACHUA, FL 32615 US

**Current Mailing Address:**

**New Mailing Address:**

12825 NW COUNTY RD 237  
ALACHUA, FL 32615 US

FEI Number: 05-0590633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RIPPY, JAMES  
12825 NW COUNTY RD 237  
ALACHUA, FL 32615 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: CHARLOTTE RIPPY

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIPPY, JAMES L  
Address: 12825 NW COUNTY RD 237  
City-St-Zip: ALACHUA, FL 32615 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: KEARNEY, KEVIN  
Address: 19707 PEGGY RD  
City-St-Zip: ALACHUA, FL 32615 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: RIPPY, DEVEN L  
Address: 12825 NW COUNTY RD 237  
City-St-Zip: ALACHUA, FL 32615 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Delete  
Name: RIPPY, CHARLOTTE R  
Address: 12825 NW COUNTY RD 237  
City-St-Zip: ALACHUA, FL 32615 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHARLOTTE RIPPY

T

10/07/2005

Electronic Signature of Signing Officer or Director

Date