

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F06000003714**

1. Entity Name  
TNT METAL BUILDINGS INC



Principal Place of Business  
170 HOLLYSPRINGS CHURCH RD  
MOUNT AIRY, NC 27030

Mailing Address  
170 HOLLYSPRINGS CHURCH RD  
MOUNT AIRY, NC 27030

2. Principal Place of Business - No P.O. Box #  
170 Holly Springs Rd

3. Mailing Address  
P.O. Box 95

Suite, Apt. #, etc.

City & State  
Mt. Airy, NC

City & State  
White Plains, NC

Zip  
27030

Country  
USA

Zip  
27031

Country  
USA

**FILED**

2007 OCT 15 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10082007 REIN-P CR2E098 (1/07)



4. FEI Number  
11-3776234

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURDEN, JAMES H  
1550 E DEVAL ST  
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name James H. Durben

Street Address (P.O. Box Number is Not Acceptable)  
1550 East Duval St.

City Lake City FL Zip Code 32055

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 *James H. Durben* DATE 10-6-07

Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT TORRES, SARAH L 2344 TURKEY FORD RD MT AIRY, NC 27030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCP TORRES, VENANCIO 2344 TURKEY FORD RD MT AIRY, NC 27030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TORRES, VENANCIO 2344 TURKEY FORD RD MT AIRY, NC 27030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Venancio Torres* DATE 10-9-07 336-783-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16