2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F58842

Entity Name: COMPONENT FABRICATORS, INC.

Current Principal Place of Business:

6110 SR 207
ELKTON, FL 32033 US

New Principal Place of Business:

1960 US 1 SOUTH
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

P O BOX 670
HASTINGS, FL 32145 US

New Mailing Address:

P. O. BOX 288
ELKTON, FL 32033 US

FEI Number: 59-2145561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, LYNDA S.
6110 S.R. 207
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

SANDERS, WILLIAM MARTIN
1960 US 1 SOUTH
ST. AUGUSTINE, FL 32084 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: WILLIAM MARTIN SANDERS 01/10/2007
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:

Title: PD ( ) Delete
Name: SANDERS, LYNDA S.,
Address: 6110 S.R. 207
City-St-Zip: ELKTON, FL 32145

Title: VPS (X) Delete
Name: SANDERS, WM. MARTIN,
Address: 6110 SR 207
City-St-Zip: ELKTON, FL 32145

Title: V (X) Delete
Name: SANDERS, CHARLES
Address: 201 E. LATTIN ST.
City-St-Zip: HASTINGS, FL 32145

Title: V (X) Delete
Name: SANDERS, MATTHEW
Address: 201 E. LATTIN ST.
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANDERS, WILLIAM M
Address: PO BOX 288
City-St-Zip: ELKTON, FL 32033

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

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

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 Chapter 119, 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: WILLIAM MARTIN SANDERS PD 01/10/2007
Electronic Signature of Signing Officer or Director Date