

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000002999			
1. Entity Name CAPSTONE BUILDING CORP.			
Principal Place of Business 3415 INDEPENDENCE DRIVE BIRMINGHAM, AL 35209		Mailing Address 3415 INDEPENDENCE DRIVE BIRMINGHAM, AL 35209	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 72-1343095		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Merry E. Wheeler</i>		DATE: 11/29/04	
SIGNATURE: _____		DATE: _____	
FILE NOW: FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, JAY 1124 CAHABA WOODS CIRCLE BIRMINGHAM, AL 35243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600043096826 12/01/04--01023--010 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, MIKE 2541 SADLER RIDGE RD MCCALLA, AL 35111 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/06/04 90010 046 ☐ Change ☐ Addition \$558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, DANNY P.O. BOX 793 CLANTON, AL 35046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICK, CHARLIE 3108 ALTALOMA COVE BIRMINGHAM, AL 35216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TRAVIS, CHRIS 648 MILLSPRINGS COURT BIRMINGHAM, AL 35244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>Brnk</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Chris Travis</i>		11/30/04 205-803-5226	
SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		Date Daytime Phone	

FILED

04 DEC -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11292004 REIN-P CR2E098 (6/04)