

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H76826

Entity Name: CARLIN FABRICATORS, INC.

FILED
Oct 05, 2005
Secretary of State

Current Principal Place of Business:

1205 NE 9 AVE
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1205 NE 9 AVE
FT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 59-2582055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRENTACARLINI, LORENZO
1205 NE 9 AVE
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: LORENZO CARLINI

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: P () Delete
Name: TRENTACARLINI, LORENZO
Address: 1205 NE 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 3304

Title: T () Delete
Name: TRENTACARLINI, ALOISIA
Address: 1205 NE 9 AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VP () Delete
Name: TRENTACARLINI, LAURA
Address: 1205 NE 9 AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VP () Delete
Name: TRENTACARLINI, LORENZA
Address: 1205 NE 9 AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: C () Delete
Name: TRENTACARLINI, ROBERT
Address: 1205 NE 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LORENZO CARLINI

P

10/05/2005

Electronic Signature of Signing Officer or Director

Date