2007 FOR PLANT CEMENT

| REINSTATEMENT | | | | | | FILED | | | | |
|--|-----------------------------------|---|-------------|---|---|----------------------|--------------|------------------|------------|--|
| DOCUMENT # H80130 | | | | | | | ! i & | | , | |
| 1. Entity Nam HOUSE C | PF 20,000 PICTURE FRAME | ES, INC. | , INC. | | 07 OCT 12 AM 11: 32 | | | | | |
| | | 3365 | | SECRETARY OF STATE TALLAHASSI E, FLORIDA | | | | | | |
| Principal Place | | Mailing Address | | | | IAL | LAHASS | i E, Fl | .ORIDA | |
| % PETER SANTIPADRI 132 SW 15 STREET POMPANO BEACH, FL 33060 | | % PETER SANTIPADRI 132 SW 15 STREET POMPANO BEACH, FL 33060 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 230 S. Cypress Road | | 3. Mailing Address Same | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 09142007 | REIN-P | CR2E098 | (1/07) K // T | (J) /2 (J) | |
| City & State Pompano Beach, Florida | | City & State | | | 4. FEINMONDER I I V Applied For II 59-2656166 Not Applicable | | | | | |
| Zip 330 | Country Zip C | | Coun | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current | Name n | | Address of New R | egistered Age | nt | | | | |
| SANTIPADRI, PETER 132 S.W. 15 STREET | | | | Name Peter Santipadri Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | BEACH, FL 33060 | | | 230 S. Cypress Road #1 | | | | | | |
| | ^ | | | 230 S. Cypress Road #1 City Pompano Beach FL Zip Code 3306 | | | 6.0 | | | |
| 8. The above named entity sybmits this statement to; 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 X | | | | | | | | | | |
| | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND DI | RECTORS | IN 11 | |
| TITLE | Р | ☐ Defete | TITL | E . | | | | Change | Addition | |
| NAME STREET ADDRESS | SANTIPADRI, PETER 430 SE 4 CT. | | NAM | EET ADDRESS | (2) 00 건 : | 00105! 8/070106: | 5922 | 72 | 00 | |
| CITY-ST-ZIP | POMPANO, FL | | | -ST-ZIP | 69V.T | 0/U1==U190: | 2015 | **120 | .00 | |
| MLE | | ☐ Delete | TITL | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | NAM STRE | EET ADDRESS | | :00109 2/07-0109 | | **158 | 2 75 | |
| CITY-ST-ZIP | | | | -ST-ZIP | 4 521 4 | | | 77100 | | |
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| NAME STREET ADDRESS | | | NAM STRE | EET ADDRESS | | | | | | |
| CITY+S1-ZIP | | | CITY | -ST-ZIP | | · · · · · | | | | |
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| NAME STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | |
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| STREET ADDRESS | | | | EET ADORESS | | | | | | |
| CITY-ST-ZIP | | | CITY | '-ST-ZIP | | | | | | |
| tifle Name | | Delete | TITE. | | | | |) Change | Addition | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | 1 | |
| CtTY-ST-ZIP | | | | /-ST-ZIP | | | | | | |
| 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 embowered 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 life ampowered. | | | | | | | | | | |
| SIGNATURE: X A 7 X X 2 | | | | | | | | | | |





House of 20,000 Picture Frames, Inc. 230 S. Cypress Road - #1 Pompano Beach, Florida, 33060

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Gentlemen:

Your truly

Peter Santipadri