

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 12 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12102008 REIN-P CR2E098 (1/07)

DOCUMENT # J16480 1. Entity Name C.B.S. CONCEPTS BUILDING SYSTEMS INC.					
Principal Place of Business 10423 SW 120TH STREET MIAMI, FL 33176			Mailing Address 10423 SW 120TH STREET MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-2665232 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SPURLOCK, RALPH 10423 SW 120TH STREET MIAMI, FL 33176	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 12-10-08					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		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 OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPURLOCK, BRETT 10423 SW 120TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138987782 12/12/08--01040--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPURLOCK, DARIN 10423 SW 120TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPURLOCK, RALPH 10423 SW 120TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPURLOCK, DARIN 10423 SW 120TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12-10-08 Daytime Phone #		

REINSTATEMENT