

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058876

1. Corporation Name

BTE FRAME AND TRIM, INC.

2. Principal Office Address

9236 Unicorn Ave.

Suite, Apt. #, etc.

Port Richey, FL.

City & State

3. Mailing Office Address

9236 Unicorn Ave.

Suite, Apt. #, etc.

Port Richey, FL.

City & State

4. Date incorporated or Qualified
To Do Business in Florida

6/12/00

5. FEI Number

59-3653921

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

Zip

34668

Country

PASCO

Zip

34668

Country

PASCO

7. Name and Address of Current Registered Agent

Name

William A. Sherrill

Street Address (P.O. Box Number is Not Acceptable)

9236 Unicorn Ave

Suite, Apt. #, Etc.

REINSTATEMENT 304

City

Port Richey, FL

State

FL

Zip Code

34668

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Will Sherrill

REGISTERED AGENT MUST SIGN

Date

6/18/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>William A. Sherrill</u>	<u>9236 Unicorn Ave</u>	<u>Port Richey, FL 34668</u>
<u>VP/S</u>	<u>Edward L. Mayberry</u>	<u>9150 Kiowa St.</u>	<u>New Port Richey, FL 34654</u>

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06/24/04--01074--001 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Will Sherrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/04

Daytime Phone #

CR2E081 (10/02)