


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000028743</b>						<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>04 NOV -9 PM 2:37</b>	
<b>1. Entity Name</b> AGUSTIN ONTIVEROS TRIM-CARPENTER, INC.							
<b>Principal Place of Business</b> 1006 57 AVE. PL. EAST BRADENTON, FL 34203				<b>Mailing Address</b> 1006 57 AVE. PL. EAST BRADENTON, FL 34203			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> 03-0445277				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
RAMIREZ, AGUSTIN O 1006 57 AVE. PL. EAST BRADENTON, FL 34203				Name Street Address (P.O. Box Number is Not Acceptable) City			
FL				Zip Code			
<b>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.</b>							
SIGNATURE <u>Agustin Ontiveros R</u>				DATE <u>10/27/04</u>			
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONTIVENOS, AQUSTIN 1006 57TH PLACE E BRADENTON, FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042573456 11/09/04--01014--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMINEZ, LARAZO 1006 57TH PLACE E BRADENTON, FL			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENEZ, MAXIMO 1006 57TH PLACE E BRADENTON, FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTHE, OMAN 1006 57TH PALCE E BRADENTON, FL			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edith RAMIREZ 2900 50th AVE W #13 BRADENTON, FL 34207			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>							
SIGNATURE: <u>Agustin Ontiveros R</u>				DATE <u>10/27/04</u> (941) 858-4086			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Time			

11/96