

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000099332

Entity Name: T.A. CHAPMAN FRAMING, INC.

**FILED**  
**Nov 16, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

310 SEABULL AVE SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**

310 SEABULL AVE SW  
PALM BAY, FL 32908

**New Mailing Address:**

FEI Number: 81-0571334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUTCHER, KAREN  
310 SEABULL AVE SW  
PALM BAY, FL 32908 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: \_\_\_\_\_

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: D ( ) Delete  
Name: CHAPMAN, THOMAS  
Address: 310 SEABULL AVE SW  
City-St-Zip: PALM BAY, FL 32908

Title: D ( ) Delete  
Name: DUTCHER, KAREN  
Address: 310 SEABULL AVE SW  
City-St-Zip: PALM BAY, FL 32908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: THOMAS CHAPMAN

D

11/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date