

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000013784

1. Entity Name
KINGS FRAMING, INC.



Principal Place of Business
3637 JERICHO DRIVE
CASSELBERRY, FL 32707 US

Mailing Address
3637 JERICHO DRIVE
CASSELBERRY, FL 32707 US

2. Principal Place of Business - No P.O. Box #
610 MARIGOLD ROAD
Suite, Apt. #, etc.

3. Mailing Address
610 MARIGOLD ROAD
Suite, Apt. #, etc.

City & State
CASSELBERRY, FL
Zip 32707 Country

City & State
CASSELBERRY, FL
Zip 32707 Country

03222007 REIN-P CR2E098 (1/07)

4. FEI Number
57-1156223

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VUKOMANOVIC, DARIO
3637 JERICHO DRIVE
CASSELBERRY, FL 32707
610 MARIGOLD ROAD
CASSELBERRY, FL 32707

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 *Dario Vukomanovic*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-07

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME VUKOMANOVIC, DARIO
STREET ADDRESS 3637 JERICHO DR.
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 610 MARIGOLD ROAD
CITY-ST-ZIP CASSELBERRY, FL 32707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Dario Vukomanovic*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Date

Daytime Phone #

(321) 377-1668

FILED

2007 MAR 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

