

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034389 1. Entity Name CATES CARPENTRY, INC.						FILED 06 MAY 11 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 6265 HOLLOWAY ROAD BAKER, FL 32531				Mailing Address 6265 HOLLOWAY ROAD BAKER, FL 32531							
2. Principal Place of Business SAME		3. Mailing Address 360 CHICAGO AVE									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State VALPARAISO FL									
Zip 32580		Country USA		4. FEI Number 13-4243644		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05112006 REIN-P CR2E098 (11/05)							
6. Name and Address of Current Registered Agent CATES, JOHN W 6265 HOLLOWAY ROAD BAKER, FL 32531								7. Name and Address of New Registered Agent Name John W CATES Street Address (P.O. Box Number is Not Acceptable) 360 CHICAGO AVE VALPARAISO City FL Zip Code 32580			
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 05/11/08							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE P <input type="checkbox"/> Delete NAME CATES, JOHN W STREET ADDRESS 6265 HOLLOWAY ROAD CITY-ST-ZIP BAKER, FL 32531				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME John W CATES STREET ADDRESS 360 CHICAGO AVE CITY-ST-ZIP VALPARAISO FL 32580							
TITLE D <input type="checkbox"/> Delete NAME MOORE, JOHNNY BOB STREET ADDRESS 360 CHICAGO AVE. CITY-ST-ZIP VALPARAISO, FL 32580				TITLE 300075100403 NAME 05/23/06--01046--024 **308.75 STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 05-06							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
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 05/11/08 <small>Date Daytime Phone #</small>							