

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000102489

FILED
Nov 06, 2009
Secretary of State

Entity Name: JOAN NOALLES CARPENTRY CORPORATION

Current Principal Place of Business:

4277 FOREST LN.
W PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4277 FOREST LN.
W PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 58-1187009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: JOAN NOALLES

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: PSTD () Delete
Name: NOALLES, JOAN
Address: 4277 FOREST LN.
City-St-Zip: W PALM BEACH, FL 33406

Title: T () Delete
Name: COLON, ANGEL
Address: 5653 GARDEN HILL
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T (X) Delete
Name: GONZALEZ, ROBERTO
Address: 158 PLUMAGE LANE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: JOAN NOALLES

Electronic Signature of Signing Officer or Director

PSTD

11/06/2009

Date