2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								_	
DOCUMENT # P03000113537					FILED				
1. Entity Name					05 JAN -4 AM 8: 30				
GLENN BROWN CARPENTRY, INC.					[]		. 8	M 8: 21)
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Principal Place of Business Mailing Address					1	9 LUK	LINGSER	FLOK	ייטוי
1300 CONRA		1300 CONRAD New Smyrna BCH, FL 32168				TALLA	HADDE		
NEW SMYRNA BCH, FL 32168 NEW SMYRNA BCH, FL 32			32 100			,.			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			┥				
00110, 141.	-, 0.0.	oute, Apr. #, etc.			11292004	REIN-P	CR2E	98 (6/04)	
City & State		City & State			4. FEI Numbe	er OC 10	سوم س	A0	plied For
	SMYCHA BEACH KI	 		36-1083555			 	t Applicable	
37/65	Country	Zip Count		try	5. Certificate	of Status Desired	7 ⊘∕	\$8.75 Add Fee Required	itional \
2008	l Registered Agent			7. Name and	Address of New				
			Name				NV	117	
BROWN, C				Strant Address	/P.O. Boy Number	er is Not Acceptab	- (ما	- (M	<u>, v</u>
1300 CON	RAD RNA BCH, FL 32168		Street Address	(F.O. BOX NUMB	si is Not Acceptab	SEAT	(\lor)		
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	•			City	WINE TO SEE	1141-	FL	Zip Ye ode	, //
		<u> </u>			Line.			ع الله	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	register	ed office or registi	ered agent, or bot	in, in the State of H	iorida. I am t	amiliar with,	and accept
	M. 6 B	in The		- B	Dog	c	Vac 200	2 K	<i>u</i>
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Register	ed Agent algnature regr	ulred when reinstating)		DATE	0	7
FILI	E NOW!!! FEE IS \$750.00	·							
After Jar	nuary 1, 2005, Fee will be \$900.0	•							
10.	OFFICERS AND DIRECTORS				ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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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.									
OND BR O TO NOON									
SIGNAT	TURE: <u>X) Ven</u>	CONTRO HAME OF ALCOHOLO	<u> </u>		Brown	Date	<u>, y</u>	aytime Phone #	
	BRUMATUKE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	on saleC	146		-Auto	·	The said Lines and a	