

SIGNATURE:

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000122028 1. Entity Name 09 JAN 20 PM 3: 27 KEITH SR CARPENTRY INCORPORATED SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **1831 TRUMBULL STREET** 1831 TRUMBULL STREET DELTONA, FL 32725 DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 12192008 REIN-P CR2E098 (1/07) Applied For City & State 4. FEI Number City & State 30-0212235 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOWLAND, KEITH G SR. Street Address (P.O. Box Number is Not Acceptable) 1831 TRUMBULL STREET DELTONA, FL 32725 Zio 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 aga -FILE NOW!!!- FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defete Change Addition NOWLAND, KEITH G SR. NAME NAME 300141488003 STREET ADDRESS **1831 TRUMBULL STREET** STREET ADDRESS 01/20/09--01053--004 **300.00 DELTONA, FL 32725 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachm

To whom it may concern
I Keith G Nowland, of Keith SR carpentry INC
did not receve my Anual Refort notice
please wave reinstatement Fee, and
reinstate me, Thank you Keith & Nauland