## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000130917

Entity Name: K.P. CARPENTRY INC.

NORTH PORT, FL 34286 US

City-St-Zip:

**FILED** Sep 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2350 YALTA TERR. NORTH PORT, FL 34286 LIS **Current Mailing Address: New Mailing Address:** 2350 YALTA TERR. NORTH PORT, FL 34286 US FEI Number: 20-0398146 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, KRISTOPHER S 2350 YALTA TERR NORTH PORT, FL 34286 US 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: KRISTOPHER S. PHILLIPS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PHILLIPS, KRISTOPHER Name: Name: 2350 YALTA TERR Address: Address: City-St-Zip: NORTH PORT, FL 34286 US City-St-Zip: Title: D,VP () Delete Title: VΡ (X) Change ( ) Addition CAMPBELL, ANDREW Name: PHILLIPS, TONYA LEE Name: 2350 YALTA TERR Address: Address: **ELKAM** 

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: KRISTOPHER PHILLIPS 0 09/20/2005

PORT CHARLOTTE, FL 33952 US