


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138755	
1. Entity Name TERRY MOORE CARPENTRY INC.	

Principal Place of Business 253 FRANCES DR. HAVANA, FL 32333	Mailing Address 253 FRANCES DR. HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  MOORE, TERRY 253 FRANCES DR. HAVANA, FL 32333
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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SIGNATURE <u>Terry J. Moore</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/28/09</u> (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TERRY 253 FRANCES DR. HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100153292291 04/28/09--01031--025 **\$300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <u>Terry J. Moore</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/28/09</u> Date	DAYTIME PHONE # Daytime Phone #
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FILED

09 APR 28 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282009 REIN-P CR2E098 (1/07)

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT

6-114