2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000142470

RICE, RONNIE

P O BOX 3364

SAINT AUGUSTINE, FL 32085

Name:

Address:

City-St-Zip:

Entity Name: JAMES L MANUCY SIDING & SOFFIT. INC

FILED Oct 19, 2006 Secretary of State

Entity Na	me: JAMES L	MANUCY SIDING & SOFFII	I, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
357 JUAN ST AUGU	ITA AVE STINE, FL 320	084				
Current M	lailing Addres	ss:	New Mailing Address:			
357 JUAN ST AUGU	ITA AVE STINE, FL 320	084				
FEI Number	: 03-0480182	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	()
Name and	d Address of (Current Registered Agent:	Name and	Address of N	ew Registered Agent:	
357 JUAN	, THERESA K ITA AVE STINE, FL 320	084 US				
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered agent, or	both,
SIGNATU	RE: JAMES L	MANUCY				
	Electron	nic Signature of Registered Ag	gent		Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notic	e.		
	S AND DIREC	- , ,	ADDITION	S/CHANGES	TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	P (MANUCY, JAM 357 JUANITA A ST AUGUSTINE	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RICE, ROBER [*] P O BOX 3364 ST AUGUSTINE		Title: Name: Address: City-St-Zip:	VP (X) MANUCY, KENN P O BOX 3364 ST AUGUSTINE		
Title: Name: Address: City-St-Zip:	S (SKINNER, THE 357 JUANITA A ST . AUGUSTIN	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	т (Х) Delete	Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES L MANUCY P 10/19/2006