

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000142947

FILED
Jan 11, 2008
Secretary of State

Entity Name: C&S FRAMING AND DRYWALL INC.

Current Principal Place of Business:

%MICHAEL D. SHAW
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

%MICHAEL D. SHAW
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 59-3773357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, MICHAEL D
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: MICHAEL D SHAW

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAW, MICHAEL D
Address: 4131 S.W. MCCRORY ST.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V (X) Delete
Name: CAULEY, ROBERT W
Address: 3612 STERRICKER ST.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ST () Delete
Name: TYRRELL, CHARLES JR
Address: 4131 S.W. MCCRORY ST.
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MICHAEL D SHAW

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01/11/2008

Electronic Signature of Signing Officer or Director

Date