


2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rin

DOCUMENT # P03000144942		
1. Entity Name RON MOORE'S TRIM COMPANY		

Principal Place of Business 1322 WILBUR DR JACKSONVILLE, FL 32259 US	Mailing Address 1322 WILBUR DR JACKSONVILLE, FL 32259 US
--	--

2. Principal Place of Business 190 Aster Ave. Suite, Apt. #, etc.	3. Mailing Address 190 Aster Ave Suite, Apt. #, etc.
---	--

City & State Middleburg FL	City & State Middleburg FL
Zip 32068	Zip 32068
Country US	Country US

FILED

05 AUG 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08022005 REIN-P CR2E098 (6/04)

4. FEI Number 270029538	Applied For <input type="checkbox"/> Not Applicable
----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, RON 1322 WILBUR DR JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent Name MOORE, Ron Street Address (P.O. Box Number is Not Acceptable) 190 Aster Ave. City Middleburg FL Zip Code 32068
--

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.

SIGNATURE <u>Ron Moore</u> Signature, typed or printed name of registered agent and title if applicable.	<u>R. Moore</u> (NOTE: Registered Agent signature required when reinstating)	<u>August 4 2005</u> DATE
---	---	------------------------------

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, RON 1322 WILBUR DR JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058852935 08/23/05--01005--004 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, Ron 190 Aster Ave. Middleburg FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <u>R. Moore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Aug 4 05</u> Date	<u></u> Daytime Phone #
--	-------------------------	----------------------------