C125
Dept of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION Amended

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 24 PM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000148304

1. Corporation Name
John Stokes Trim, Inc.

2. Principal Office Address	3. Mailing Office Address
5241 Yancy Drive	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, FL	City & State
Zip: 32571 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/03

5. FEI Number: 54-2134267 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Stokes
Street Address (P.O. Box Number is Not Acceptable): 5241 Yancy Drive
Suite, Apt. #, Etc.:
City: Pace State: FL Zip Code: 32571

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/03)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	John Stokes	5241 Yancy Drive	Pace, FL 32571
T	Justin M. Phillips	5301 Crystal Creek Dr.	Pace, FL 32571
VP	Vincent C. Santelli	3989 Deerwood Circle	Pace, FL 32571

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ John Stokes 6/14/05 (850)554-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #