2005 FOR PROFIT CORPORATION REINSTATEMENT

	KEIN	19 I A I EMIEM I			_
DOCUMENT # P03000153648					
1. Entity Name					M 9: 03
CS SIDING, INC.					05 HAY 23 AH 9: 03
					Add Market Control
Principal Place of Business Mailing Address					
27506 W. 4T		P.O. BOX 1021			1
HILLARD, FL	32046	CALLAHAN, FL 32011	CALLAHAN, FL 32011		
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2. Principal Place of Business 3. Mailing Address					
0.21. 1.1					
Suite, Apt. #, etc. Suite, Apt. #, etc.					CR2E098 (0704)
City & Stat	e	City & State		•	4. FEI Number Applied For
		· · · · · · · · · · · · · · · · · · ·	T		4. FEI Number Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address o	f Current Registered Agent			7. Name and Address of New Registered Agent
ACEVEDO, SAUL 27506 W. 4TH AVE				et Address	(P.O. Box Number is Not Acceptable)
HILLARD, FL 32046					
			City		FL Zip Code
		atement for the purpose of changing its	registered offic	e or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.					
SIGNATURE	206 / Own	<i>U</i>			uired when reinstating) 5-20-05 DATE
Signature, fixed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
)					1
F11	LE NOW!!! FEE IS \$90	00.00			
10.	OFFIC	ERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRIS, CHERYL M		NAME		
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1021 CALLAHAN, FL 32011		STREET ADDR	ESS	
TITLE	V	Delete	TITLE		Change Addition
NAME	ACEVEDO, SAUL	L Delete	NAME		
STREET ADDRESS	P.O BOX 1021		STREET ADDR	ESS	06/01/0501056010 **900.00
CATY-ST-ZIP	CALLAHAN, FL 32201		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDR	ESS	
CITY-SI-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDR	ree	
CITY-ST-ZIP			CITY-ST-ZIP	133	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDR	ESS	
CITY-ST-ZIP			CITY-ST-ZIP	-	Change C Addition
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition ☐
STREET ADDRESS			STREET AODR	ESS	
CITY-ST-ZIP			CITY-ST-ZIP		
12. Thereby 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.					
SIGNAT	TURE: <u>Elev</u>	ul m Haers	OR DIDECTOR		05-20-05
ı	SIGNATURE AND	TITED ON PHINTED NAME OF SIGNING OFFICER (OR DIRECTOR		Date Daytime Phone ■