

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 26 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000000204

1. Entity Name
TOM FOX CARPENTRY, INC.



Principal Place of Business **8632**
~~1793 MAHAFFEY CIRCLE~~
~~LAKELAND, FL 33811~~
JAMESTOWN DR.
WINTER HAVEN FL 33884

2. Principal Place of Business
POLK COUNTY

3. Mailing Address
8362 JAMESTOWN DR.

Suite, Apt. #, etc.
City & State **FL.**

Suite, Apt. #, etc.
City & State **WINTER HAVEN FL**

Zip **USA** Country **33884** Country **USA**



06212006 REIN-P CR2E098 05-06

4. FEI Number
01-0803971

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOX, THOMAS
1793 MAHAFFEY CIRCLE
LAKELAND, FL 33811

7. Name and Address of New Registered Agent
Name **TOM FOX CARPENTRY INC.**
Street Address (P.O. Box Number is Not Acceptable)
8362 JAMESTOWN DR.
City **WINTER HAVEN** **FL** Zip Code **33884**

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 *Thomas Fox* DATE 6-22-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S FOX, THOMAS 1793 MAHAFFEY CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, TIM 4417 TERRY LOOP DR. NEW PORT RICHEY, FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBRIGHT, SHAWN 821 DEEN STILL RD DAVENPORT, FL 33837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, WILLIAM 318 ARIZONA AVE. LOT 2 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *Shawn Fox* DATE 6-22-06 DAYTIME PHONE # 6-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR