

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 22, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # 904000003538

1. Corporation Name  
John K Cumbie Framing Inc.

2. Principal Office Address  
908 W. Church St

3. Mailing Office Address  
908 W. Church St.

**REINSTATEMENT**

04-05

06-14-05 01/08 001 \$ 908.75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
2/23/2003

City & State  
Deland, Florida

City & State  
Deland, Florida

5. FEI Number  
260077888

Zip Country  
32720 United States

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32720 United States

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 Kenneth Cumbie

Street Address (P.O. Box Number is Not Acceptable)  
908 W. Church St.

Suite, Apt. #, Etc.

City  
Deland

State Zip Code  
FL 32720

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  
John K Cumbie  
REGISTERED AGENT MUST SIGN

Date  
6/10/05

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
Pres.	John K Cumbie	908 W. Church St.	Deland, Fl. 32720
Sec.	John K Cumbie	908 W. Church St.	Deland, Fl. 32720
Trea.	John K Cumbie	908 W. Church St	Deland, FL 32720
Dir.	John K Cumbie	908 W. Church St	Deland, Fl 32720

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 K Cumbie John K Cumbie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/05  
Date

386-804-7499  
Daytime Phone #

CR2E081 (01/05)