PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	, cm, (ot 1/t	ND NEE INO	NOO HOR	O DEI ONE C	-	ino inio i ordin.		
	PORATION TATEMENT		DEPARTME Secretary of S		10 J	AN CAHLAD		
DOCUMENT # p04000014498 1. Corporation Name					SLC: TALL: Fil	COMMY OF STATE MASSET FLORIDA ed in error. See attached le		
fred's t	rim carpenty	1 Inc			MI 50 01/11	EM, 01/26/10 00165749025 /1001051015 **750.00		
Principal Office Address - No P.O. Box # 3. Mailing Office Address					1			
208 fran		_	208 francis dr			REINSTATEMENT 02 09		
Suite, Apt. #, e			Suite, Apt. #, etc.			CR22081 (T1/09)		
			Suite, P. W. W. Co.			Date Incorporated or Qualified To Do Business in Florida 12/1 08		
City & State		1 -	City & State					
	beach fl	apollo b	apollo beach fl		5. FEI Number Applied For 26 3651686 Not Applicable			
Zip 33572	hillsbourgh	33572	1	•	6. CERTIFICATE			
	7. Name and Add	ress of Current Regis	tered Agent					
Name fred m pa	Country hillsbourgh 33572 hillsbourgh 7. Name and Address of Current Registered Agent arker is (P.O. Box Number is Not Acceptable) is dr Etc. State Zip Code Country hillsbourgh 6. CERTIFICATE OF STATUS DESIRED The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.							
	ame 'ed m parker treet Address (P.O. Box Number is Not Acceptable) 08 francis dr uite, Apt. #, Etc.				The state of the s			
208 francis dr								
Suite, Apt. #,	EIC.					· •		
cay apollo beach			State Zip Code		tee De	waived.		
8. I, being ap	pointed the registered agent of t	ne above named corpo	ration, am familia:	with and accept the ol	bligations of section	on 607.0505 or 617.0503, F.S.		
Signature of Registered Age	7.0ml	REGISTERED AG				Date 1/8/10		
0. 11						, ,		
9. Names an	nd Street Addresses of Each Offic	er and/or Director (Fig	T		<u>_</u>	T		
Titles			Street Address of Each Officer and for Director		City / State / Zip			
pres f	es fred m parker		208 francis dr			apollo beach 33572		
					· · · · · · · · · · · · · · · · · · ·			
		•						
^{10.} E-mail	Address: fmp1@verizon	net	(To be me	for future annual report	notification)			
this reinstar owed by the	tement application, the reason fo a corporation have been paid. I fo	r dissolution has been	npowered to execu eliminated, the co	ite this application as p porate name satisfies t	provided for in cha	pter 607 or 617, F.S. I further certify that when filin of section 607.0401 or 617.0401, F.S., that all fees d my signature shall have the same legal effect as i		
made unde SIGNATU	IRE: TO MU	AND TYPED OR DOINT		M PHRK		Date Daytime Phone		
	arona i UKE		TO INCHE OF BIGHT	OF FWER OR DIRECT	V/N	very / Daytime Phone		

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From Fred's TRIM INC. #P04000014498
To whom I may concern. Attachment
I filled out in error A reinstatement VIIIIO
for Freds TRIM carpentry
This is not correct and have since
corrected this error.

I have since filled out an annual

Fres (Dent Fred MP MEKER Pres (Dent Fred MP Re FRED'S TRIMITUR.

report for Fred's TRIM INC.