

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 12 11:10:55

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DOCUMENT # P04000023764
1. Entity Name
ALFRED POMROY CARPENTRY INCORPORATED



Principal Place of Business Mailing Address
2800 EIGHTH ST. 2800 EIGHTH ST.
ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224

2. Principal Place of Business 3. Mailing Address
5090 Placida Rd. **5090 Placida Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

01062006 REIN-P CR2E098 (11/05)

City & State City & State
Englewood, FL. **Englewood, FL.**
Zip Country Zip Country
34224 **34224** **Charlotte**

4. FEI Number Applied For
20-0609294 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POMROY, ALFRED
2800 EIGHTH ST.
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent
Name **Pomroy, Alfred**
Street Address (P.O. Box Number is Not Acceptable) **5090 Placida Rd**
City **Englewood** FL Zip Code **34224**

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 _____ **600084520276**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **01/25/06--01040--005 **308.75**

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 POMROY, ALFRED 2800 EIGHTH ST. ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMROY, DENNIS 2800 EIGHTH ST. ENGLEWOOD, FL 34224 <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
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	P Pomroy, Alfred 5090 Placida Rd. Englewood, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pomroy, Dennis 5090 Placida Rd Englewood, FL 34224 <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: *Alfred Pomroy* **Alfred Pomroy** **941-232-5382**
Signature and typed or printed name of signing officer or director Date Daytime Phone #