


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # P04000028907                 |  |  |
| 1. Entity Name<br>STEVE T. SIDING, INC. |  |   |

FILED  
06 MAY -3 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

|   |   |
|---|---|
| Principal Place of Business<br>4876 ELON CRESCENT<br>LAKELAND, FL | Mailing Address<br>4876 ELON CRESCENT<br>LAKELAND, FL |
|---|---|



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|---|--|---|--|
| 2. Principal Place of Business<br>5342 Archstone DR<br>Suite, Apt #, etc.<br>306<br>City & State<br>Tampa, FL<br>Zip<br>33634<br>Country<br>U.S.A |  | 3. Mailing Address<br>5342 Archstone DR<br>Suite, Apt #, etc.<br>306<br>City & State<br>Tampa, FL<br>Zip<br>33634<br>Country<br>U.S.A |  |
|---|--|---|--|

04242006 REIN-P CR2E098 (11/05)

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| 4. FEI Number<br>77-0643589 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|   |  |
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| 6. Name and Address of Current Registered Agent<br>TAYLOR, THEODORE N<br>202 SOUTH COLLINS STREET<br>PLANT CITY, FL 33563 |  |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
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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.

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| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. | DATE<br>5-1-06 |
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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>TRZEPKOWSKI, STEVEN J<br>4876 ELON CRESCENT<br>LAKELAND, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>TRZEPKOWSKI, STEVEN J<br>5342 Archstone DR #306<br>Tampa, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Vance, Michelle<br>5342 Archstone DR #306<br>Tampa, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

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| SIGNATURE:  | 5-1-06 813-340-8709  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date Daytime Phone # |