2006 FOR PROFIT CORPORATION REINSTATEMENT

03-01-2006 90036 021 ***308.75
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DOCUMENT # P04000048333

1. Entity Name
JODY NEWELL TRIM INC

Principal Place of Business	Mailing Address
236 JASMINE ROAD ST AUGUSTINE, FL 32086	236 JASMINE ROAD ST AUGUSTINE, FL 32086
2. Principal Place of Business: 5900 Rio Royalle Rd. Suite, Apt. #, etc.	3. Mailing Address: 5900 Rio Royalle Rd. Suite, Apt. #, etc.
City & State: St. Augustine, FL Zip: 32086 Country: St Johns	City & State: St. Augustine, FL Zip: 32086 Country: St. Johns

4. FEI Number: 20-43585888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, JOSEPH
236 JASMINE ROAD
ST AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name: Joseph Newell
Street Address (P.O. Box Number is Not Acceptable): 5900 Rio Royalle Rd.
City: St. Augustine FL Zip Code: 32086

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 [signature] 2/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NEWELL, JOSEPH 236 JASMINE ROAD ST AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Joseph Newell 5900 Rio Royalle Rd. St Augustine, FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JB 3/8	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Joseph Newell 2-20-06 904-669-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #