



2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000060433 1. Entity Name MILTON C NUGENT FRAMING & REMODELING CORP						FILED 05 OCT 28 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 650 AVE J NW #101 WINTER HAVEN, FL 33881				Mailing Address 650 AVE J NW #101 WINTER HAVEN, FL 33881			
2. Principal Place of Business Winter Haven Suite, Apt. #, etc. #101		3. Mailing Address 650 Ave J NW 101 Suite, Apt. #, etc. #101					
City & State Winter Haven FL Zip 33881		City & State Winter Haven FL Zip 33881		4. FEI Number 14-1900773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NUGENT, MILTON C 650 AVE J NW #101 WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name Same / No changes Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 Milton C Nugent <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10/25/05			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 P <input type="checkbox"/> Delete NAME NUGENT, MILTON C STREET ADDRESS 650 AVE J NW #101 CITY-ST-ZIP WINTER HAVEN, FL 33881				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 200061247452 STREET ADDRESS None CITY-ST-ZIP None			
TITLE <input type="checkbox"/> Delete NAME Nugent, Milton C STREET ADDRESS 650 AVE J NW #101 CITY-ST-ZIP Winter Haven FL 33881				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME None STREET ADDRESS None CITY-ST-ZIP None			
TITLE <input type="checkbox"/> Delete NAME President STREET ADDRESS Milton C Nugent CITY-ST-ZIP 650 AVE J NW #101 Winter Haven FL 33881				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STATEMENT STREET ADDRESS US CITY-ST-ZIP FL			
TITLE <input type="checkbox"/> Delete NAME No DELETIONS STREET ADDRESS None CITY-ST-ZIP None				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME None STREET ADDRESS None CITY-ST-ZIP None			
TITLE <input type="checkbox"/> Delete NAME No changes STREET ADDRESS Same President CITY-ST-ZIP None				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME None STREET ADDRESS None CITY-ST-ZIP None			
TITLE <input type="checkbox"/> Delete NAME Same STREET ADDRESS Registered Agent CITY-ST-ZIP None				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME None STREET ADDRESS None CITY-ST-ZIP None			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Milton C Nugent <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10-25-05 Daytime Phone #			

STATE OF FLORIDA
COUNTY OF POLK

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BEFORE ME THIS 5 OCTOBER 2005 APPEARED
MILTON C NUGENT, WHO IS THE OWNER OF
MILTON C NUGENT FRAMING AND REMODELING
CORPORATION AND IS PERSONALLY KNOWN BY
NOTARY PUBLIC.

THIS STATEMENT IS TO THE STATE OF FLORIDA
COMPLIANCE CORPORATION. PLEASE FIND
ENCLOSED A COPY OF MY DENIAL FOR MY STATE
LICENSE. MONIES WERE SENT AND RETURN FOR
MY LICENSE. I HAVE ENCLOSED A MONEY
ORDER IN THE AMOUNT OF \$150.00 FOR MY
REINSTATEMENT, AND ASK FOR A WAIVER OF
THE \$400.00. A FRAUDULENT REQUEST WAS SENT
TO ME AS I RESPONDED NOT KNOWING THAT THE
STATEMENT DID NOT REPRESENT THE STATE OF
FLORIDA.

I SENT TO THE CORPORATE COMPLIANCE CENTER
A MONEY ORDER FOR \$100.00, WHICH WAS A
LEGAL ORGANIZATION. HOWEVER, THE
MONEY ORDER WAS RETURNED, ONLY LATER I
FOUND OUT THAT MY STATE OF FLORIDA
LICENSE HAS BEEN DISSOLVED.

IN ORDER FOR ME TO STAY IN BUSINESS, MY
REQUEST IS THAT YOU CONSIDER THIS
STATEMENT FOR RE-INSTATEMENT.

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I AM UNABLE TO GET JOBS WITH CONTRACTORS
WITHOUT MY LICENSE. AS A SMALL BUSINESS, I
NEED TO BE RE-INSTATED AS SOON AS POSSIBLE.

UPON RECEIPT OF THIS LETTER, PLEASE
CONTACT ME.

I AWAIT YOUR REPLY.

RESPECTFULLY SUBMITTED,

Milton C Nugent
MILTON C NUGENT, OWNER

MILTON C NUGENT FRAMING & REMODELING
CORP.

650 AVENUE J NW APT 1
WINTER HAVEN FL 33881

SWORN TO AND SUBSCRIBED BEFORE ME THIS
OCTOBER 5 2005.

Marvin L Horn
MARVIN L HORN
NOTARY PUBLIC
STATE OF FLORIDA
COUNTY OF POLK

