[redacted]

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 27 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10242008 REIN-P CR2E098 (1/07)

DOCUMENT # P04000068566

1. Entity Name
LONGWOOD SHEETMETAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~150 HOPE ST SUITE 1090 LONGWOOD, FL 32750~~	~~150 HOPE ST SUITE 1090 LONGWOOD, FL 32750~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1687 Timocuan Way	1687 Timocuan Way
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Longwood Fl.	City & State: Longwood, Fl.
Zip: 32750 Country: USA	Zip: 32750 Country: USA

4. FEI Number: 20-1052901 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONLEY, KELLEY A
1687 Timocuan Way Suite 101
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CONLEY, KELLEY A 1687 Timocuan Way Suite 101 LONGWOOD, FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600137324306 10/27/08--01053--022 **150.00 ☐ 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: Jillian R Wolfe Mgr. 10/24/08 4073305361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/28