


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000076023		
1. Entity Name HERMANO'S FRAMING, INC.		

Principal Place of Business 400 N. HART BOULEVARD ORLANDO, FL 32835	Mailing Address 400 N. HART BOULEVARD ORLANDO, FL 32835
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2. Principal Place of Business 4824 KATHY JO TERR	3. Mailing Address 4824 KATHY JO TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32808	Country
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32808	Country

FILED
06 MAY 16 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05022006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1113198

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

6. Name and Address of Current Registered Agent VILLAGRA, JOHNNY 400 N. HART BOULEVARD ORLANDO, FL 32835	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4824 KATHY JO TERRACE City ORLANDO FL Zip Code 32808	
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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.

SIGNATURE: Johnny Villagra
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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VILLAGRA, JOHNNY 400 N. HART BOULEVARD ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4824 KATHY JO TERRACE ORLANDO, FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900075547039 05/31/06--01015--004 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Johnny Villagra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #