

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000076023

1. Entity Name  
HERMANO'S FRAMING, INC.



Principal Place of Business  
4824 KATHY JO TERRACE  
ORLANDO, FL 32808

Mailing Address  
4824 KATHY JO TERRACE  
ORLANDO, FL 32808

2. Principal Place of Business - No P.O. Box #

3226 GREENWICH VILLAGE BLVD  
Suite, Apt. #, etc.  
#102

3. Mailing Address

3226 GREENWICH VILLAGE BLVD  
Suite, Apt. #, etc.  
#102

City & State  
ORLANDO FL

City & State  
ORLANDO FL

Zip  
32835

Zip  
32835

10212008

REIN-P

CR2E098 (1/07)

4. FEI Number  
20-1113198

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLAGRA, JOHNNY  
4824 KATHY JO TERRACE  
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name VILLAGRA JOHNNY

Street Address (P.O. Box Number is Not Acceptable)  
3226 GREENWICH VILLAGE BLVD.

City ORLANDO

FL Zip Code 32835

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-08

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

TITLE PSD  
NAME VILLAGRA, JOHNNY  
STREET ADDRESS 4824 KATHY JO TERRACE  
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME VILLAGRA JOHNNY  
STREET ADDRESS 3226 GREENWICH VILLAGE BLVD #102  
CITY-ST-ZIP ORLANDO, FL 32835 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Johnny Villagra

10-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 31 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08