

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000098763

FILED  
Sep 19, 2006  
Secretary of State

Entity Name: MEDINA'S FRAMING & SERVICES, INC.

## Current Principal Place of Business:

22 FORSMAN CIRCLE  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

100 LOOPCIRCLE LOT 10  
FREEPORT, FL 32439 US

## Current Mailing Address:

22 FORSMAN CIRCLE  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

100 LOOPCIRCLE LOT 10  
FREEPORT, FL 32439 US

FEI Number: 20-1304017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEDINA, ABRAHAM  
22 FORSMAN CIRCLE  
FT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

MEDINA, ABRAHAM  
100 LOOPCIRCLE LOT 10  
FREEPORT, FL 32439 US

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.

SIGNATURE: ABRAHAM MEDINA

09/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEDINA, ABRAHAM  
Address: 22 FORSMAN CIRCLE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: VP ( ) Delete  
Name: MEDINA, REGES  
Address: 11 WOODLAWN AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP ( ) Delete  
Name: MEDINA, ERSKILL  
Address: 11 WOODLAWN AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MEDINA, ABRAHAM  
Address: 100 LOOPCIRCLE LOT 10  
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Change ( ) Addition  
Name: MEDINA, REYES  
Address: 100 LOOPCIRCLE LOT 14  
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Change ( ) Addition  
Name: MEDINA, EZEKIEL  
Address: 100 LOOPCIRCLE LOT 10  
City-St-Zip: FREEPORT, FL 32439 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM MEDINA

P

09/19/2006

Electronic Signature of Signing Officer or Director

Date