2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000131811

1. Entity Name
METAL TEC FRAMING INC.

FILED
2005 OCT 10 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09242005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2222 LASALLE STREET SARASOTA, FL 34231 US	2222 LASALLE STREET SARASOTA, FL 34231 US

2. Principal Place of Business	3. Mailing Address
D	
Suite, Apt. #, etc. 3605 Cheshire Sq.	Suite, Apt. #, etc. 3605 Cheshire Sq. - D
City & State Sarasota, Florida	City & State Sarasota, Florida
Zip / Country 34237 / USA	Zip / Country 34237 / USA

4. FEI Number 201641163 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURI, JESSE
2222 LASALLE STREET
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: Jesse Buri
Street Address (P.O. Box Number is Not Acceptable): 3605 Cheshire Sq. - D
City: Sarasota FL Zip Code: 34237

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: Jesse Buri 09/26/2005
(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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P WEST, TOM 2222 LASALLE STREET SARASOTA, FL 34231	☐ Delete	TITLE D, P NAME Tom West STREET ADDRESS 3605 Cheshire Sq. - D CITY-ST-ZIP Sarasota, Florida 34237	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP BURI, JESSE 618 25 STREET WEST BRADENTON, FL 34205	☐ Delete	300086460815 10/10/05--01081--023 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Tom West Tom West 09/26/2005 (941) 264-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/10