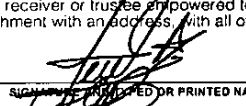


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000134570 1. Entity Name CANTHA FRAMING INC.					
Principal Place of Business 813 3RD AVE NW SUITE B LARGO, FL 33770			Mailing Address 813 3RD AVE NW SUITE B LARGO, FL 33770		
2. Principal Place of Business 1437 OTTEN ST Suite, Apt. #, etc. NA		3. Mailing Address 1437 OTTEN ST Suite, Apt. #, etc. NA		 02022006 REIN-P CR2E098 (11/05)	
City & State CLEARWATER FL		City & State CLEARWATER, FL			
Zip 33755		Zip 33755			
4. FEI Number 050607523				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CANTHA, JUAN 813 3RD AVE NW SUITE B LARGO, FL 33770				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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 CANTHA, JUAN 813 3RD AVE NW SUITE B LARGO, FL 33770	<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	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<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	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<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	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<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	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<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	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<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: 			JUAN CANTHA		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 727-235-9384		

FILED

06 FEB -7 PM 12:57

SECRET: OFF STATE
TALLAHASSEE, FLORIDA



02022006 REIN-P CR2E098 (11/05)

4. FEI Number **050607523** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent CANTHA, JUAN 813 3RD AVE NW SUITE B LARGO, FL 33770		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, JUAN 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTHA, FIDEL 813 3RD AVE NW SUITE B LARGO, FL 33770	<input type="checkbox"/> Delete	

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SIGNATURE:  **JUAN CANTHA**

Date **727-235-9384**