
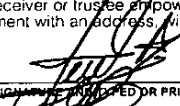


2006 FOR PROFIT CORPORATION REINSTATEMENT

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		3. Mailing Address 1437 OTTEN ST	
Suite, Apt. #, etc. NA		Suite, Apt. #, etc. NA	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33755		Zip 33755	
Country		Country	
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 _____			
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 D <input type="checkbox"/> Delete	NAME CANTHA, JUAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 813 3RD AVE NW SUITE B	CITY-ST-ZIP LARGO, FL 33770	NAME	
STREET ADDRESS 813 3RD AVE NW SUITE B	CITY-ST-ZIP LARGO, FL 33770	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME CANTHA, FIDEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 813 3RD AVE NW SUITE B	CITY-ST-ZIP LARGO, FL 33770	NAME	
STREET ADDRESS 813 3RD AVE NW SUITE B	CITY-ST-ZIP LARGO, FL 33770	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 727-235-9384	
SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUAN CANTHA		Daytime Phone #	

FILED
06 FEB -7 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006 REIN-P CR2E098 (11/05)

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B 2/8/06
REINSTATEMENT