

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000136738

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** BOB LEAVENS FINISH CARPENTRY INC

**Current Principal Place of Business:**

5035 SHEFFIELD ROAD  
LAKELAND, FL 33813

**New Principal Place of Business:**

416 EASTWAY DRIVE  
LAKELAND, FL 33803

**Current Mailing Address:**

5035 SHEFFIELD ROAD  
LAKELAND, FL 33813

**New Mailing Address:**

416 EASTWAY DRIVE  
LAKELAND, FL 33803

**FEI Number:** 20-1698324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEAVENS, ROBERT D  
5035 SHEFFIELD ROAD  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

LEAVENS, ROBERT D  
416 EASTWAY DRIVE  
LAKELAND, FL 33803 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: ROBERT D. LEAVENS

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEAVENS, ROBERT D  
Address: 416 EASTWAY DRIVE  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. LEAVENS

P

01/07/2011

Electronic Signature of Signing Officer or Director

Date