


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000138243

1. Entity Name
BAY AREA FRAMING, INC.



FILED
08 DEC 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**16310 DUNLINDALE DRIVE
LITHIA, FL 33547**

Mailing Address
**P.O. BOX 3310
BRANDON, FL 33509**

REINSTATEMENT 08

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		12082008	REIN-P	CR2E098 (1/07)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-1705241		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALAVE, ALEX 16310 DUNLINDALE DRIVE LITHIA, FL 33547		Name: Thomas Timm Street Address (P.O. Box Number is Not Acceptable): 16310 Dunlindale Drive City: Lithia FL Zip Code: 33547	

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:  DATE: **12/8/08**


(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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	PST MALAVE, ALEX P.O. BOX 3310 BRANDON, FL 33509 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139096225 12/17/08--01027--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMM, THOMAS D VP 16310 DUNLINDALE DRIVE LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE: **12/8/08** DAYTIME PHONE #: **813-629-0099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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