## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000171086

MONOS, ERNESTO

2409 PANHANDLE TRAIL

NAVARRE, FL 32566 US

Name:

Address:

City-St-Zip:

FILED Oct 27, 2005 Secretary of State

Entity Name: RECILLAS FRAMING II INC. **Current Principal Place of Business: New Principal Place of Business:** 2409 PANHANDLE TRAIL NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 2409 PANHANDLE TRAIL NAVARRE, FL 32566 FEI Number: 20-2071101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547 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: NICHOLAS R FANELLA Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete () Change () Addition CARO, LORENZO Name: Name: 2409 PANHANDLE TRAIL Address: Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: Title: **VPD** Title: VPD (X) Change ( ) Addition () Delete MONDRAGON, YAIR Name: Name: SEGURA, ANTONIO 2409 PANHANDLE TRAIL 2409 PANHANDLE TRAIL Address: Address: NAVARRE, FL 32566 US City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: VPD (X) Change ( ) Addition Title: VPD () Delete

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

JIMINEZ, JUAN-JOSE

2409 PANHANDLE TRAIL

NAVARRE, FL 32566 US

SIGNATURE: LORENZO CARO P 10/27/2005