

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000005366

FILED
Sep 17, 2007
Secretary of State

Entity Name: GUS TRUSS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O GUS STROMBACK
9019 BALCONIES CLUB DRIVE
AUSTIN, TX 78750

New Principal Place of Business:

Current Mailing Address:

C/O GUS STROMBACK
9019 BALCONIES CLUB DRIVE
AUSTIN, TX 78750

New Mailing Address:

FEI Number: 20-2303360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERKLEIT, WARREN B
24344 WESTGATE BLVD.
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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: WARREN SILBERKLEIT

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:

Title: P () Delete
Name: CHONTOS, LINDA
Address: 461 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VS () Delete
Name: STROMBACK, ERIC
Address: 9019 BALCONIES CLUB DRIVE
City-St-Zip: AUSTIN, TX 78750

Title: VS () Delete
Name: STROMBACK, GUSTAV
Address: 9019 BALCONES CLUB DRIVE
City-St-Zip: AUSTIN, TX 78750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LINDA C CHONTOS

P

09/17/2007

Electronic Signature of Signing Officer or Director

Date