

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000016400

Entity Name: KIWI CUSTOM CONSTRUCTION, INC.

FILED
Oct 31, 2006
Secretary of State

Current Principal Place of Business:

7820 ABBOTT AVE. #4
MIAMI BEACH, FL 33141

New Principal Place of Business:

5579 BAYVUE RD
BLAINE, WA 98230

Current Mailing Address:

7820 ABBOTT AVE. #4
MIAMI BEACH, FL 33141

New Mailing Address:

5579 BAYVUE RD
BLAINE, WA 98230

FEI Number: 20-2272404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, LESLIE
7820 ABBOTT AVE. #4
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

THORPE, LESLIE
7820 ABBOTT AVE.
#4
MIAMI BEACH, FL 33141 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: LESLIE THORPE

10/31/2006

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: PD () Delete
Name: THORPE, LESLIE
Address: 7820 ABBOTT AVE. #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THORPE, LESLIE
Address: 5579 BAYVUE RD
City-St-Zip: BLAINE, WA 98230

Title: S () Change (X) Addition
Name: BERGIN, JAMES
Address: 5545 BAYVUE RD
City-St-Zip: BLAINE, WA 98230

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE THORPE

PD

10/31/2006

Electronic Signature of Signing Officer or Director

Date