


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 25 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000044075 1. Entity Name JUDD'S TRIM CARPENTRY, INC.					
Principal Place of Business 3025 SW CIRCLE STREET PORT ST LUCIE, FL 34953			Mailing Address 3025 SW CIRCLE STREET PORT ST LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # 1583 Vintage ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1583 Vintage ST <small>Suite, Apt. #, etc.</small>			
City & State Kissimmee Fla		City & State Kissimmee Fla			
Zip 34746	Country USA	Zip 34746	Country U.S.A.	4. FEI Number 56-2513015	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOPPE, JUDD 3025 SW CIRCLE STREET PORT ST LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Judd Robert Hoppe Street Address (P.O. Box Number is Not Acceptable) 1583 Vintage ST City Kissimmee FL Zip Code 34746	
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 <u>Judd R. Hoppe</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$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	D HOPPE, JUDD 3025 SW CIRCLE STREET PORT ST LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Judd Robert Hoppe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1583 Vintage ST Kissimmee, FL 34746	
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 200106696932 07/25/07--01035--001 **308.75	
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	
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	
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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: <u>Judd R. Hoppe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

REINSTATEMENT
07/25/07 REINP TCR2E098 (1/07) 07

@ Mitchell JUL 25 2007