## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000084888

Entity Name: G. RAMIREZ CARPENTRY, INC.,

FILED Oct 06, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

499 CYPRESS ST 499 CYPRESS ST

WAUCHULA, FL 33873 WAUCHULA, FL 33873 US

Current Mailing Address: New Mailing Address:

499 CYPRESS ST 499 CYPRESS ST

WAUCHULA, FL 33873 WAUCHULA, FL 33873 US

FEI Number: 03-0570469 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:

RAMIREZ, GUILLERMO VARGAS, ALMA 499 CYPRESS ST 499 CYPRESS ST

WAUCHULA,, FL 33873 US WAUCHULA,, FL 33873 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: ALMA VARGAS 10/06/2006

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 RAMIREZ, GUILLERMO
 Name:
 VARGAS, ALMA D

 Address:
 499 CYPRESS ST
 499 CYPRESS ST

 City-St-Zip:
 WAUCHULA, FL 33873
 City-St-Zip:
 WAUCHULA, FL 33873

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 VARGAS, ALMA D
 Name:
 RAMIREZ, GUILLERMO

 Address:
 499 CYPRESS ST
 499 CYPRESS ST
 499 CYPRESS ST

 City-St-Zip:
 WAUCHUA, FL 33873
 City-St-Zip:
 WAUCHULA, FL 33873

Title: ( ) Delete Title: S-T ( ) Change (X) Addition

 Name:
 Name:
 ROCHA, SALVÁDOR

 Address:
 Address:
 918 SUMNER RD

 City-St-Zip:
 City-St-Zip:
 WAUCHULA, FL 33873

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: ALMA D. VARGAS P 10/06/2006