


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000093885		
1. Entity Name V & H PRO CARPENTRY, INC		

FILED

07 MAR 30 AM 9:06

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 908 57TH AVENUE PENSACOLA, FL 32506	Mailing Address 908 57TH AVENUE PENSACOLA, FL 32506
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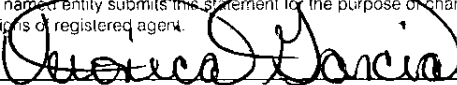
2. Principal Place of Business - No P.O. Box # 445 Hyacinth Dr Suite, Apt #, etc 104	3. Mailing Address P.O. Box 16516 Suite, Apt #, etc
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REINSTATEMENT 06-07

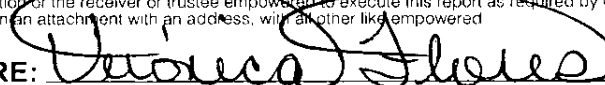
City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 20-3085862	Applied For <input type="checkbox"/> Not Applicable
Zip 32506	Country Escambia	Zip 32507	Country Escambia

6. Name and Address of Current Registered Agent GARCIA, VERONICA 908 57TH AVENUE PENSACOLA, FL 32506		7. Name and Address of New Registered Agent Name Veronica Flores Street Address (P.O. Box Number is Not Acceptable) 445 Hyacinth Dr #104 City Pensacola FL Zip Code 32506	
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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  Signature, typed or printed name of registered agent and title if applicable	DATE 3/19/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, VERONICA 908 57TH AVENUE PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Flores, Veronica P.O. Box 16516 Pensacola, FL 32506 <input checked="" 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	100096008171 04/06/07--01047--010 ***300.00 <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
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
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 reports 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/19/07 (850) 777-4455 Date Daytime Phone #