

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000097349

FILED
Jan 19, 2007
Secretary of State

Entity Name: ALPINE CUSTOM TRIM & MILLWORKS, INC.

Current Principal Place of Business:

131 FLAMINGO AVENUE
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

229 N. HOLLYWOOD AVE.
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

131 FLAMINGO AVENUE
DAYTONA BEACH, FL 32118 US

New Mailing Address:

229 N. HOLLYWOOD AVE.
DAYTONA BEACH, FL 32118 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTLETHWAIT, DAVID E
131 FLAMINGO AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

POSTLETHWAIT, DAVID E
229 N. HOLLYWOOD AVE.
DAYTONA BEACH, FL 32118 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: DAVID E. POSTLETHWAIT

01/19/2007

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: POSTLETHWAIT, DAVID E
Address: 131 FLAMINGO AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: S/T () Delete
Name: POSTLETHWAIT, DAVID E
Address: 131 FLAMINGO AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POSTLETHWAIT, DAVID E
Address: 229 N. HOLLYWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: S/T (X) Change () Addition
Name: POSTLETHWAIT, DAVID E
Address: 229 N. HOLLYWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: V () Change (X) Addition
Name: BROWN, DONALD P
Address: 191 LEISURE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D () Change (X) Addition
Name: BROWN, CHRISTOPHER A
Address: 191 LEISURE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127 US

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: DAVID E. POSTLETHWAIT

P

01/19/2007

Electronic Signature of Signing Officer or Director

Date