## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000103789

Entity Name: TRACE FRAMING INC.

FILED Nov 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3974 LAUREL CREST DRIVE EAST MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

3974 LAUREL CREST DRIVE EAST MULBERRY, FL 33860

FEI Number: 47-0957745 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:

CARRIZALES, GUMBERTO
3974 LAUREL CREST DRIVE EAST
MULB ERRY, FL 33860 US

FLORIDA INSURANCE CONSULTING, INC.
175 CENTRAL AVENUE SOUTH
BARTOW, FL 33830 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: OZ LOPEZ 11/15/2006

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: CARRIZALES, HUMBERTO Name: CARRIZALES, GUMBERTO Address: 3974 LAUREL CREST DRIVE EAST Address: 3974 LAUREL CREST DRIVE EAST

City-St-Zip: MULBERRY, FL 33860 City-St-Zip: MULBERRY, FL 33860

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition
Name: TORRES GUILLERMINA Name:

 Name:
 TORRES, GUILLERMINA
 Name:

 Address:
 3974 LAUREL CREST DRIVE
 Address:

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:

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: GUMBERTO CARRIZALES P 11/15/2006