2007 FOR PROFIT CORPORATION REINSTATEMENT

3 0 F

DOCUMENT # P05000152272 1. Entity Name			FILED
BRAVO TRIM CARPENTRY, INC.			07 FEB 22 PM 1: 43
Principal Place of Business 820 WOODLARK DRIVE DAVENPORT, FL 33897 US	Mailing Address 820 WOODLARK DRIVE DAVENPORT, FL 3389		SECRETARY OF STATE FALL ATTASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box # 607 Dr. Martin Luther Kings	3. Mailing Address 607 Dr. Marti	n Luther King St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	J	021500 1 1 A TREE OF VITO D
City & State	City & State Ounder		4. FEI Number 43-209/14/65 Applied For Not Applicable
33 838 Couper	33838	Country / / /	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na			
DAVENFORT, FL 33097		City Du	€607 Martin Luther King 5t. The region of
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 Andrio Recuro			
Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registered Agent signature requ	utred when relinatating) 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 D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change
NAME BRAVO, ANTONIO STREET ADDRESS 820 WOODLARK DRIVE DAVENPORT, FL. 33897	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP OLD	AND Antonio Tacher King St. 1 Martin Luther King St. 1 1 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800089576668 Addition 02/27/0701013019 **300.00
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-\$T-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: Antanio Bravo 2-13-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date			