

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123447

FILED
Jun 09, 2008
Secretary of State

Entity Name: PRO CARPENTRY OF NORTH FLORIDA INC

Current Principal Place of Business:

2133 WATER FOOT LN
JACKSONVILLE, FL 32246

New Principal Place of Business:

2944 SUNI PINES BLVD
193
JACKSONVILLE, FL 32250

Current Mailing Address:

2133 WATER FOOT LN
JACKSONVILLE, FL 32246

New Mailing Address:

2944 SUNI PINES BLVD
193
JACKSONVILLE, FL 32250

FEI Number: 20-5612662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL VALLE, GLADYS
12041 BEACH BLVD
SUITE 2
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: OCTAVIO CRUZ MEDINA

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: CRUZ MEDINA, OCTAVIO
Address: 2133 WATER FOOT LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: VALLE, MARGARITO
Address: 2133 WATER FOOT LN
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUZ MEDINA, OCTAVIO
Address: 2944 SUNI PINES BLVD 193
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP (X) Change () Addition
Name: VALLE, MARGARITO
Address: 2944 SUNI PINES BLVD 193
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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: OCTAVIO CRUZ MEDINA

P

06/09/2008

Electronic Signature of Signing Officer or Director

Date