

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000139621

Entity Name: CS FRAMING INC

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

25 9TH AVE
SHALIMAR, FL 32579 US

New Principal Place of Business:

109 GLORY PLACE UNIT C
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

25 9TH AVE
SHALIMAR, FL 32579 US

New Mailing Address:

109 GLORY PLACE UNIT C
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-5832535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANELLA, NICHOLAS R
434 TANGLEWOOD DRIVE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

OLASCOAGA, CLAUDIO S
109 GLORY PLACE UNIT C
FORT WALTON BEACH, FL 32548 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: CLAUDIO S OLASCOAGA

03/05/2008

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: PSD () Delete
Name: OLASCOAGA, CLAUDIO S
Address: 25 9TH AVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP () Delete
Name: LOPEZ, ANTELMO A
Address: 25 9TH AVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP () Delete
Name: MENDEZ, MIGUEL A
Address: 25 9TH AVE
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: OLASCOAGA, CLAUDIO S
Address: 109 GLORY PLACE UNIT C
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP (X) Change () Addition
Name: LOPEZ, ANTELMO A
Address: 109 GLORY PLACE UNIT C
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP (X) Change () Addition
Name: MENDEZ, MIGUEL A
Address: 109 GLORY PLACE UNIT C
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: CLAUDIO S OLASCOAGA

PSD

03/05/2008

Electronic Signature of Signing Officer or Director

Date