

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000139621

Entity Name: CS FRAMING INC

FILED
Oct 23, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

102-B JACKSON STREET
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

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

New Mailing Address:

102-B JACKSON STREET
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:

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

Name and Address of New Registered Agent:

OLASCOAGA, CLAUDIO S
102-B JACKSON STREET
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 OSLACOAGA

10/23/2009

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: 109 GLORY PLACE UNIT C
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: OLASCOAGA, CLAUDIO S
Address: 102 - B JACKSON STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP (X) Change () Addition
Name: OLASCOAGA, LUIS S
Address: 19 CHESTNUT AVE APT 23
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

10/23/2009

Electronic Signature of Signing Officer or Director

Date