


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000157101			
1. Entity Name FERCHO'S PROFESSIONAL CARPENTRY & PAINTING CORP			
Principal Place of Business 1417 CAREY GLEN CIRCLE ORLANDO, FL 32824		Mailing Address 1417 CAREY GLEN CIRCLE ORLANDO, FL 32824	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

09 APR 10 AM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04062009 REIN-P CR2E098 (1/07)

4. FEI Number 20-8110969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent L.L. PROFESSIONAL SERVICES, INC. 7661 CURRENCY DRIVE ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name: L.L. PROFESSIONAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 6400 S. Orange Blossom Trail Suite: 408 City: Orlando FL Zip Code: 32809	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P MARIN, CARLOS F 1417 CAREY GLEN CIRCLE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300149460133 04/10/09--01031--023 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Carlos FDO MARIN - CARLOS F. MARIN

04/06/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #