2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# P07000051361

Entity Name: CIMARRON FRAMING COMPANY

Current Principal Place of Business:

5010 TENNESSEE CAPITAL BLVD
TALLAHASSEE, FL 32303

New Principal Place of Business:

18026 BLOXHAM CUTOFF
TALLAHASSEE, FL 32310

Current Mailing Address:

5010 TENNESSEE CAPITAL BLVD
TALLAHASSEE, FL 32303

New Mailing Address:

18026 BLOXHAM CUTOFF
TALLAHASSEE, FL 32310

FEI Number: 11-3810764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, KASE K
5010 TENNESSEE CAPITAL BLVD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NICHOLS, KENT
18026 BLOXHAM CUTOFF
TALLAHASSEE, FL 32310 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: KENT NICHOLS 07/09/2009
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: VD ( ) Delete
Name: CONE, RAYMOND C III
Address: 18054 BLOXHAM CUTOFF
City-St-Zip: TALLAHASSEE, FL 32310

Title: PTSD (X) Delete
Name: NICHOLS, KASE K
Address: 18026B BLOXHAM CUTOFF
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: NICHOLS, KENT
Address: 18026 BLOXHAM CUTOFF
City-St-Zip: TALLAHASSEE, FL 32310

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: KENT NICHOLS PSTD 07/09/2009
Electronic Signature of Signing Officer or Director Date