

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000073526

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: ACEVEDO BROS. FRAMING CORP

**Current Principal Place of Business:**

3315 CORD AVE  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3315 CORD AVE  
SAINT CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 26-0415327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ACEVEDO, CLEMENTE  
3315 CORD AVE  
SAINT CLOUD, FL 34772      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: CLEMENTE ACEVEDO

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: ACEVEDO-CHAVEZ, CLEMENTE  
Address: 3315 CORD AVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP ( ) Delete  
Name: ACEVEDO-CHAVEZ, JOSE C  
Address: 3315 CORD AVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: S ( ) Delete  
Name: ACEVEDO-CHAVEZ, CIRILO  
Address: 3315 CORD AVE  
City-St-Zip: SAINT CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CLEMENTE ACEVEDO

Electronic Signature of Signing Officer or Director

P

03/14/2009

Date