

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000085630

FILED
Dec 04, 2008
Secretary of State

Entity Name: FOLIGNO'S CARPENTRY AND ROOF LABOR, INC.

Current Principal Place of Business:

8521 SW 22ND STREET
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

8521 SW 22ND STREET
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 26-0613338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FOLIGNO, PAT
8521 SW 22ND STREET
DAVIE, FL 33324 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: PAT FOLIGNO

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 D () Delete
Name: FOLIGNO, PAT
Address: 8521 SW 22ND STREET
City-St-Zip: DAVIE, FL 33324 US

Title: VP D () Delete
Name: FOLIGNO, DON-MICHAEL
Address: 8521 SW 22ND STREET
City-St-Zip: DAVIE, FL 33324 US

Title: S D () Delete
Name: FOLIGNO, LISA-MARIE
Address: 8521 SW 22ND STREET
City-St-Zip: DAVIE, FL 33324 US

Title: T D () Delete
Name: FOLIGNO, JOSEPH
Address: 8521 SW 22ND STREET
City-St-Zip: DAVIE, FL 33324 US

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:

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: PAT FOLIGNO

Electronic Signature of Signing Officer or Director

PD

12/04/2008

Date