

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000126647

1. Entity Name
CARPENTER SYSTEM DESIGN INC.



Principal Place of Business
**7370 WEST 20TH AVE., UNIT 140
 HIALEAH, FL 33016**

Mailing Address
**7370 WEST 20TH AVE., UNIT 140
 HIALEAH, FL 33016**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**MATUTE, JOSE
 7796 WEST 30 COURT
 HIALEAH, FL 33018**

04252009 REIN-P CR2E098 (1/07)

4. FEI Number
26-1476723

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATUTE, JOSE 7796 WEST 30 COURT HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. **000156260540** 11
05/21/09--01014--001 **150.00 dition

~~000156260665~~ Change Addition
05/21/09--01014--002 **150.00

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: _____ **4/20/09** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
09 MAY 19 AM 8:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

RH