			OMPLETING THIS FORM.
APPLICATION APPLICATION	FLORIDA DEPARTMEN		
FOR	Sandra B. Mor		
REINSTATEMENT	Secretary of S		m11 CD
DIVISION OF COST OF A PROPERTY OF THE PROPERTY		FILED	
DOCUMENT # P9400( 1. Corporation Name	7061030	İ	97 MAR 18 AM 11: 36
MICHAEL CHIARIZIO FRAME &	R TRIM, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Malling Address		
1164 E MCKIMLEY STREET	-1164 E MCKINLEY STREET		
HERNANDO FL 34442	HERNANDO FL 34442		
	Correct		-WOTATEMENT
If above addresses are incorrect in any way, fine thin  2. New Principal Office Address. If Applicable	ough incorrect information and enter  3. New Mailing Office Address, If		4. Date incorporated or Qualified To Do Business in Fiorida
Suite, Apt. #, etc.	Suite Apt. #, etc.	<del></del>	1 1/00/ 1984
	KXXXXXX	eXX /	5. FEI Number Applied For Not Applicable
City & State	A Khanda A	t/AX/	6. \$8.75 Additional to provi
Zip Country	234444	4	for a Certificate of Status
Names and Street Addresses of Each Officer and/     Name of Officers		itions must list at les	
Title(s) and/or Directors	3 (Do NOT U	licer and/or Director se Post Office Box N	City / State / Zip
D CHIARIZIO, MICHAEL	1164 E MCKINLE	Y STREET	HERNANDO FL 34442
			3000021178832 -03/19/9701059009 ***1132.50 ***1132.50
			A) .
			The said
			- 3/16/01 .
8. Name and Address of Current	Registered Agent	<u> </u>	9. Name and Address of New Registered Agent
		Name	
CHIARIZIO, MICHAEL 1164 E MCKINLEY STREET		Street Address (F	P.O. Box Number is Not Acceptable)
HERNANDO FL 34442		Suite, Apt. #, Etc	
		VOI.0, Apr. 11, C.10	
		City	State Zip Code
10. I, being appointed the registered agent of the abo	ove named corporation, am familiar w	Ith and accept the o	bligations of Section 607.0505, F.S.
Signature of Registered Agent X 24ch   C	EGISTERED AGENT MUST SIGN		Date 9/25/95
11. If this corporation is a non-p	profit with I.R.S. 501(c)	(3) tax exen	npt status, check this box additional information
12. Does this corporation pay a Dept. of Revenue under S.	any intangible tax to the 199.032. Florida State	ne tutes. Yes	No (See other side for information on intangible tax.)
13. I do hereby certify that the information supplied lease the Division of Corporations from any liabil certify that I am an officer or director or the receipt replectation to region the country of th	with this filing is voluntarily furnished lity of non-compliance with Section 1 silver or trustee empowered to execut solution has been eliminated, the co-	and does not qualif 19.07(3)(k) in the even this application as provate name satisfi	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I report that the information supplied is deemed exempt from public access provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., and that accurate, and my signature shall have the same legal effect as if managements.
SIGNATURE: Tuckant	LINE NAME OF SIGNING OFFICER OR	DIRECTOR	9/25/95 904-344-865