

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000072083 1. Entity Name ALL METAL FABRICATORS OF PINELLAS INC.			
Principal Place of Business 4800 95TH ST. N. ST. PETE, FL 33704		Mailing Address 4800 95TH ST. N. ST. PETE, FL 33704	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 10880 75 56 Suite, Apt. #, etc.	
City & State LS 80 FL		4. FEI Number 65-0609940	
Zip 33777		Country FL	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENNET, JIM 9157 109TH TERR N LARGO, FL 33708		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 12-12-07	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, JAMES C 9157 109TH TERR N LARGO, FL 34644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200113192072 12/17/07--01037--023 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, JENNIFER 9157 109TH TERR N LARGO, FL 34644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, LAURIE 9157 109TH TERR N LARGO, FL 34644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 12-12-07 727-544-1892	

FILED
2007 DEC 17 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT