2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000034144

Name:

Address: City-St-Zip: ELAMAD, JOHN H

PENSACOLA, FL 32506 US

8200 W HWY 98

Entity Name: SOUTHERN REMODELING & FRAMI

FILED Jan 18, 2005 Secretary of State

Entity Nar	ne: SOUTHER	RN REMODELING & FRAMIN	G, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
8200 W HV SUITE A PENSACO	WY 98 PLA, FL 32506	US	6203 W FAIRFIELD DR PENSACOLA, FL 3250		
Current M	ailing Address	::	New Mailing Address:	New Mailing Address:	
8200 W HV SUITE A PENSACO	WY 98 PLA, FL 32506	US	6203 W FAIRFIELD DR PENSACOLA, FL 3250		
FEI Number:	59-3446225	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
KEELEY, GERARD J 8200 W HWY 98 SUITE 98 PENSACOLA, FL 32506 US			KEELEY, GERARD J 6203 W FAIRFIELD DR PENSACOLA, FL 3250	6 US	
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GERARD J KEELEY				01/18/2005	
Election Can	ce with s. 607.193	c Signature of Registered Age (2)(b), F.S., the corporation did no Trust Fund Contribution (). CORS:	ot receive the prior notice.	Date S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I KING, MICHAEL 6600 E BAY BLV GULF BREEZE,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST () I KING, DOREEN 6600 E BAY BLV GULF BREEZE,		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	VP ()!	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL KING P 01/18/2005