2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2004
Secretary of State

DOCUMENT# P97000056667

Entity Name: CFM EQUIPMENT, INC.

Current Principal Place of Business:

15963 36TH TRAIL
LIVE OAK, FL 32060 US

New Principal Place of Business:

420 D LAKEWOOD CIRCLE
MARGATE, FL 33063 US

Current Mailing Address:

15963 36TH TRAIL
LIVE OAK, FL 32060 US

New Mailing Address:

420 D LAKEWOOD CIRCLE
MARGATE, FL 33063 US

FEI Number: 65-0761689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXSON, CLYDE F
15963 36TH TRAIL
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

MAXSON, CLYDE F
420 D LAKEWOOD CIRCLE
MARGATE, FL 33063 US

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: CLYDE MAXSON 11/03/2004
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: V ( ) Delete
Name: BIRNBACH, ELLEN J
Address: 15963 36TH TRAIL
City-St-Zip: LIVE OAK, FL 32060

Title: P ( ) Delete
Name: MAXSON, CLYDE
Address: 15963 36TH TRAIL
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MAXSON, ELLEN J
Address: 420 D LAKEWOOD CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: P (X) Change ( ) Addition
Name: MAXSON, CLYDE
Address: 420 D LAKEWOOD CIRCLE
City-St-Zip: MARGATE, FL 33063

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.

SIGNATURE: ELLEN J BIRNBACH-MAXSON VP 11/03/2004
Electronic Signature of Signing Officer or Director Date