

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030773

1. Entity Name  
SUNBELT BUILDING COMPONENTS, INC.



Principal Place of Business  
4467 CR 209 SOUTH  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
4467 CR 209 SOUTH  
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business  
3285 HWY 17, NORTH  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 1828  
Suite, Apt. #, etc.

City & State  
GREEN COVE SPRINGS, FL  
Zip  
32043  
Country  
USA

City & State  
GREEN COVE SPRINGS, FL  
Zip  
Country  
USA



10062005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3506621  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, ROSANNE L  
1913 HARBOR ISLAND DR  
ORANGE PARK, FL 32003

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 *Rosanne L. Nelson*

OCT 6 2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
NELSON, THOMAS E  
1913 HARBOR ISLAND DRIVE  
ORANGE PARK, FL 32003 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KIERCE, GARY  
4467 CR 209 SOUTH  
GREEN COVE SPRING, FL 32043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Thomas E Nelson*

OCT 6 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/2005