

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.	
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Principal Place of Business 4467 CR 209 SOUTH GREEN COVE SPRINGS, FL 32043	Mailing Address 4467 CR 209 SOUTH GREEN COVE SPRINGS, FL 32043
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2. Principal Place of Business 3285 HWY 17, NORTH Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1828 Suite, Apt. #, etc.
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City & State GREEN COVE SPRINGS FL	City & State GREEN COVE SPRINGS FL	4. FEI Number 59-3506621	Applied For <input type="checkbox"/> Not Applicable
Zip 32043	Country USA	Zip 32043	Country USA



10062005 REIN-P CR2E098 (6/04)

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
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NELSON, THOMAS E 1913 HARBOR ISLAND DRIVE ORANGE PARK, FL 32003 <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	VP KIERCE, GARY 4467 CR 209 SOUTH GREEN COVE SPRING, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060455745 10/10/05--01067--022 **158.75
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
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 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 #

10/12/05