(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 10 AM 9:54

DOCUMENT # P980000 53899

1. Corporation Name
LUSBY Framing, INC

W06-15325

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2487 Quarter Horse trail	2487 Quarter Horse trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: middleburg, FLA	City & State: middleburg, FLA
Zip: 32068 County: Clay	Zip: 32068 County: Clay

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 593529419 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LUSBY Ricky

Street Address (P.O. Box Number is Not Acceptable): 2487 Quarter Horse trail

Suite, Apt. #, Etc:

100073502171
05/01/06--01054--030 **600.00

City: Middleburg State: FL Zip Code: 32068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Ricky Lusby Date: 3-23-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V-P	Brain Johnson	1640 Sugar Pine Dr	middleburg FLA 32068
Pres	Ricky Lusby	2487 Quarter Horse trail	middleburg FLA 32068

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ricky Lusby 3-23-06 904 626 6925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #