


2004 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|----------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000093428 | |  |
| 1. Entity Name IVLIS FRAMING & TRIM, INC. | | |

| | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business 2629 LIZ LANE KISSIMMEE, FL 34744 US | Mailing Address 2629 LIZ LANE KISSIMMEE, FL 34744 US |
|------------------------------------------------------------------------|------------------------------------------------------------|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | |
| SHEARER, STEVEN 2629 LIZ LANE KISSIMMEE, FL 34744 | |

FILED
04 OCT 25 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

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|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 59-3447121 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|----------------------------------------------------|-------------|
| 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.

X SIGNATURE: *Steven P Shearer* (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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 | O SHEARER, STEVEN 2629 LIZ LANE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800042161908 10/25/04--01074--025 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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.

X SIGNATURE: *Steven P Shearer* 10/14/04 407-8462048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #