2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 18 AM 11:04

DOCUMENT # P03000142026

1. Entity Name
TONY'S HOUSE PAINTING, INC.

Principal Place of Business	Mailing Address
5680 US HWY 1 GRANT, FL 32949	5680 US HWY 1 GRANT, FL 32949

09142006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
2750 GRANT Rd Suite, Apt. #, etc.	2750 GRANT Rd Suite, Apt. #, etc.
City & State: GRANT FLA	City & State: GRANT FLA
Zip: 32949 Country: Brevard	Zip: 32949 Country: Brevard

4. FEI Number: 90-0127351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASSINI, ANTONIO G 2750 GRANT RD GRANT, FL 32949	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: Antonio G Cassini 9/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSINI, ANTONIO G 2750 GRANT RD GRANT, FL 32949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Antonio G Cassini ANTONIO G CASSINI 9/14/06 321 720 8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #