

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2005
Secretary of State

DOCUMENT# P04000002772

Entity Name: DRAKE'S PAINTING, INC.

Current Principal Place of Business:

12410 CARRIAGE LANE
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

12410 CARRIAGE LANE
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 20-0663081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USACCOUNTING OFFICE, INC.
417 W. JEFFERSON STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICAH DRAKE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRAKE, MICAH D
Address: 12410 CARRIAGE LANE
City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete
Name: DRAKE, MICAH D
Address: 12410 CARRIAGE LANE
City-St-Zip: HUDSON, FL 34667 US

Title: SEC () Delete
Name: DRAKE, MICAH D
Address: 12410 CARRIAGE LANE
City-St-Zip: HUDSON, FL 34667 US

Title: TRES () Delete
Name: DRAKE, MICAH D
Address: 12410 CARRIAGE LANE
City-St-Zip: HUDSON, FL 34667 US

Title: DIR () Delete
Name: DRAKE, MICAH D
Address: 12410 CARRIAGE LANE
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICAH DRAKE

Electronic Signature of Signing Officer or Director

RA

10/16/2005

Date