## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000018737  1. Entity Name FATHER & SON'S PAINTING SERVICE INC.						RECEIVED			
TATTLE & SON'S PAINTING SERVI			GE ING.				O7 MAR 13 PH	1:56	
Principal Place of Business POST OFFICE BOX 732 QUINCY, FL 32353			Mailing Address 1021-GRIFFIN STREET TALLAHASSFE, FL 32304			TATT SSEEL PLORIDA			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. # El RI			103132007 FANTEM R2E098 (1/07)			
Delchoner Hord 37303			City & State			4. FEI Number Applied For Not Applicable			
Zip Country 32303		·	Zip	Count		5. Certificate	of Status Desired	\$8.75 Add Fee Require	
		and Address of Current I	Registered Agent		Name	7. Name and	Address of New Registe	red Agent	
BENNETT 1 <del>021 GRIF</del> T <del>ALLAHA</del> !	FINSTR	ET			Street Address (P.O. Box Number is Net Acceptable)				
		. 16 (1988)	-			lahas.		FL Zip Cod	303
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 LOVENZO C Be use H  Signature, lyped or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE 5,13,10.7									
FII	LE 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 I	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	POST OF	F, LORENZA C FICE BOX 732 FL 32353			E EET ADDRESS -ST-ZIP	☐ Change [		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADWE POST OF	LL, KIMBERLY FICE BOX 732	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		2027	0009374 9/07010590	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUINCY, FL 32353  V			TITU NAM STRE	.E Change		☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDS BECKSEA 608 EAST	AD, AARON TIVON ROAD PROVILLE, FL 32327	C Delete	TITL NAM STRE	E			☐ Change	Addition
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition
NAME . STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	EET ADDRESS -ST-ZIP	Was a	MAD MAD	☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Flortda Statutes. If the 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 eath; 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: 3, 13,07 SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat									