

FROM : 00000000000000000000000000000000

PHONE NO. : 00000000000000

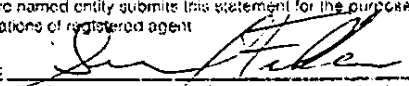
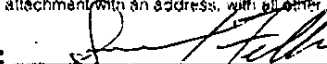
SEP. 21 2006 12:07PM P1

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

06 SEP 26 2006 4:13

SEC. TALLER

DOCUMENT # P05000065184			
1. Entity Name TERRA PAINTING AND DECORATING INC.			
Principal Place of Business 4420 18TH STREET NE NAPLES, FL 34120		Mailing Address 4420 18TH STREET NE NAPLES, FL 34120	
2. Principal Place of Business		3. Mailing Address 1748 51 St. S.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples Florida		4. FEI Number N/A	
Zip 34116	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, LUIS G 4420 18TH STREET NE NAPLES, FL 34120		7. Name and Address of New Registered Agent Name Samuel Febles Street Address (P.O. Box Number is Not Acceptable) 1748 51 St. S.W. City Naples FL Zip Code 34116	
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  DATE Sept. 21, 2006 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GOMEZ, LUIS G 4420 18TH STREET NE NAPLES, FL 34120 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 000080149040 09/25/06--01053--020 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FEBLES, SAMUEL 1748 51 STREET SW NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC DURAN, JORGE 1748 51 STREET NE NAPLES, FL 34120 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: Sept. 21, 2006 (Date) (Day/Month/Year)	