| STPETERSBU | JRG, FL 33703 | | | |
|--|--|------------------------|---|----------------------|
| Current Ma | iling Address: | | | |
| 519 45TH A ST PETERS | VE NORTH SBURG, FL 33703 UN | | | |
| FEI Number: 92-0182584 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| JENKINS, TAM | | | | |
| 519 45TH AVE ST PETERSBL | JRG, FL 33703 US | | | |
| ST PETERSBU | JRG, FL 33703 US | stered office or regis | tered agent, or both, in the State of Flo | orida. |
| ST PETERSBU | | stered office or regis | tered agent, or both, in the State of Flo | orida. 10/29/2020 |
| ST PETERSBU | d entity submits this statement for the purpose of changing its regi | stered office or regis | tered agent, or both, in the State of Flo | |
| ST PETERSBU The above name SIGNATUR | ed entity submits this statement for the purpose of changing its regineration of the purpose of changing its regineration of the purpose of changing its regineration of the purpose of th | stered office or regis | tered agent, or both, in the State of Flo | 10/29/2020 |
| ST PETERSBU The above name SIGNATUR | ed entity submits this statement for the purpose of changing its regises E: TAMMY JENKINS Electronic Signature of Registered Agent | stered office or regis | tered agent, or both, in the State of Flo | 10/29/2020 |
| ST PETERSBU The above name SIGNATUR Officer/Dire | et entity submits this statement for the purpose of changing its regineration of the purpose | | | 10/29/2020 |
| ST PETERSBU The above name SIGNATUR Officer/Dire Title | et entity submits this statement for the purpose of changing its register: TAMMY JENKINS Electronic Signature of Registered Agent Elector Detail : P | Title | VP | 10/29/2020 |

I hereby 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 all other like empowered.

SIGNATURE: WILFRED M ARNEY

PRESIDENT

10/29/2020

Electronic Signature of Signing Officer/Director Detail

Entity Name: ARNEY'S PAINTING INC

2020 FLORIDA PROFIT CORPORATION REINSTATEMENT

Current Principal Place of Business:

519 45TH AVE NORTH ST PETERSBURG, FL 33703 FILED Oct 29, 2020 Secretary of State 4339739411CR

Date