

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000003663

1. Entity Name
ONESOURCE PAINTING, INC.



Principal Place of Business
1600 PARKWOOD CIRCLE
SUITE 400
ATLANTA, GA 30339 US

Mailing Address
1600 PARKWOOD CIRCLE
SUITE 400/ATTN: CORPORATE TAX
BOCA RATON, FL 33431 US

2. Principal Place of Business

3. Mailing Address

1600 PARKWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

City & State

ATLANTA, GA

Zip

Country

Zip

30339

Country

USA



REINSTATEMENT 05-06

4. FEI Number

52-2137493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200076252318

06/16/06--01013--012 **300.00

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

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

TITLE	V	<input type="checkbox"/> Delete
NAME	GAID, PERRY	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCNEESE, JACK L	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOBSON, NAOMI	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JONES, CHERYL C	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BINDEMAN, MICHAEL S	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM E	
STREET ADDRESS	1600 PARKWOOD CIR #400	
CITY-ST-ZIP	ATLANTA, GA 30339	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT FRIEOLANDER	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	CFOLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES A. M. HARRIS JR.	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GWYNETH D. HOFFMAN	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANAN MARQUESANO	
STREET ADDRESS	1600 PARKWOOD CIRCLE # 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDERMAN, MICHAEL S	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLI D SCHORNFELD	
STREET ADDRESS	260 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10016	

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:

Jack L McNeese

6/2/06

(770) 436-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

JUN 14 2006