

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000044551

Entity Name: SHINE PAINT SERVICES, INC.

FILED
Oct 04, 2006
Secretary of State

Current Principal Place of Business:

3985 JOURNEY CT
CASSELBERRY, FL 32707

New Principal Place of Business:

262 TWELVE LEAGUE CIRCLE
CASSELBERRY, FL 32707

Current Mailing Address:

3985 JOURNEY CT
CASSELBERRY, FL 32707

New Mailing Address:

262 TWELVE LEAGUE CIRCLE
CASSELBERRY, FL 32707

FEI Number: 59-3644383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, CARLOS R
3985 JOURNEY CT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

LEON, CARLOS R
262 TWELVE LEAGUE CIRCLE
CASSELBERRY, FL 32707 US

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: CARLOS R. LEON

10/04/2006

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: VPD () Delete
Name: RUIZ, OLGA E
Address: 3985 JOURNEY CT
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEON, CARLOS R
Address: 262 TWELVE LEAGUE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD () Change (X) Addition
Name: RUIZ, OLGA E
Address: 262 TWELVE LEAGUE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARLOS R. LEON

PD

10/04/2006

Electronic Signature of Signing Officer or Director

Date