

H00000051136

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE  Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT # P00000091162</b> 1. Corporation Name <b>DiFlavis Painting, Inc.</b>							
Principal Place of Business				Mailing Address			
2. Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified	
21 6751 30th Avenue North				26		9/26/2000	
Suite, Apt. #, etc.				Suite, Apt. #, etc.		3a. Date of Last Report	
22				27		2002	
City & State				City & State		4. FEI Number	
23 St. Petersburg FL				28		59-3672738	
Zip		County		Zip		County	
24 33710		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name			
				Bennie DiFlavis			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6751 30th Avenue North			
				83			
				84 City		85 Zip Code	
				St. Petersburg		FL 33710	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE <u>Bennie DiFlavis by T.Baez as attorney-in-fact</u> DATE <u>3/30/09</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Director/President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Bennie DiFlavis			1.2 NAME			
STREET ADDRESS	6751 30th Avenue North			1.3 STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, FL 33710			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.							
SIGNATURE <u>Bennie DiFlavis by T.Baez as attorney-in-fact</u> DATE <u>3/30/09</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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FILED  
04 APR -1 PM 4:02  
TALLAHASSEE, FLORIDA

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Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: DiFlavis Painting, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by T.Baez as attorney-in-fact

Name: Bennie DiFlavis

Title: President

Date: 3/30/04