## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000050769

Entity Name: L & R PAINTING & WATER PROOFING, INC.

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

641 NW 198TH ST 605 NW 177TH ST #122 MIAMI, FL 33169 MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

641 NW 198TH ST 605 NW 177TH ST #122 MIAMI, FL 33169 MIAMI, FL 33169

FEI Number: 65-1108033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REID, LINDSAY
641 NW 198TH ST
MIAMI, FL 33169 US

REID, LINDSAY
605 NW 177TH ST #122
MIAMI, FL 33169 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: LINDSAY REID 08/25/2009

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: PD ( ) Delete

 Name:
 REID, LINDSAY

 Address:
 641 NW 198TH ST

 City-St-Zip:
 MIAMI, FL 33169

Title: D ( ) Delete Name: REID, NORMA

Address: 641 NW 198TH ST City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition

Name: REID, LINDSAY

Address: 605 NW 177TH ST #122 City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition

Name: REID, LINDSAY

Address: 605 NW 177TH ST #122 City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify 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: LINDSAY REID PD 08/25/2009