

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000098741

FILED
Sep 27, 2006
Secretary of State

Entity Name: ALL AREA PAINTING AND WATERPROOFING, INC.

Current Principal Place of Business:

1537 PARTRIDGE BLVD
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

PO BOX 874
CRYSTAL SPRINGS, FL 33524

New Mailing Address:

FEI Number: 59-3748261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, PATTY
1537 PARTRIDGE BLVD
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

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: PATTY WOODS

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: P () Delete
Name: WOODS, THOMAS D
Address: 1537 PARTRIDGE BLVD
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: V () Delete
Name: WOODS, STEVEN
Address: 1537 PARTRIDGE BLVD
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TS () Delete
Name: WOODS, PATTY
Address: 1537 PARTRIDGE BLVD
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATTY WOODS

Electronic Signature of Signing Officer or Director

RA

09/27/2006

Date