


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041121		
1. Entity Name V & V PAINTING & CERAMIC TILE, INC.		

Principal Place of Business 5468 CHAPPARRELL DR ORLANDO, FL 32839	Mailing Address 5468 CHAPPARRELL DR ORLANDO, FL 32839
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2. Principal Place of Business 3018 Bloomsbury Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 452752 Suite, Apt. #, etc.
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City & State Kissimmee, FL	City & State Kissimmee, FL	4. FEI Number 04-3643039	Applied For <input type="checkbox"/> Not Applicable
Zip 34747	Country USA	Zip 34745	Country USA

6. Name and Address of Current Registered Agent PLOUGHWRIGHT, MARVA 5468 CHAPPARRELL DR ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name Roger Moreno Street Address (P.O. Box Number is Not Acceptable) 3018 Bloomsbury Dr City Kissimmee, FL Zip Code 34747	
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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: Roger Moreno (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORENO, ROGER 3018 BLOOMSBURY DR KISSIMMEE, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081595181 11/07/06--01055--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PLOUGHWRIGHT, MARVA 656 CAPTIVA CIR KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roger Moreno (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_