2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 SEP 17 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

DOCUMENT # P02000124891

1. Entity Name
J & J PAINTING ENTERPRISES OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
208 5TH AVE. LEHIGH ACRES, FL 33972 US	208 5TH AVE. LEHIGH ACRES, FL 33972 US

2. Principal Place of Business - No P.O Box #	3. Mailing Address
506 E 15TH ST	506 E 15TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33972 Country: LEE	Zip: 33972 Country: LEE

4. FEI Number: 05-0546933 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, JOSEPH E P
208 5TH AVE
LEHIGH ACRES, FL 33972

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 [signature] JOSEPH BECKER 9/15/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

700160765673
09/17/09--01037--004 **300.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKER, JOSEPH E 208 5TH AVE. LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BECKER, MEI F VP 208 5TH AVE. LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] JOSEPH BECKER 9/15/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/17