## 2004 FOR PROFIT CORPORATION REINSTATEMENT

MEINSTATEMENT				F11 I	- (h	
DOCUMENT # P03000004672				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Entity Name KEVIN LUCAS PAINTING, INC.				A DIVISION OF CO	JRPORATIONS	
KEVIIVE	JOAG FAIRTING, INC.			04 DEC -9	AM REDO	
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Principal Place of Business Mailing Address				REINSTATE	Caralla (	16
		10734 KYLE DR. Jacksonville, Fl. 3221	8	ILAIVOIAIL		9
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Principal Place of Business     3. Mailing Address			SP 13 194			
		10734 Kg	- Draw	C IRBUIRSE JU BOIRD HILL EQUI GRIP S	SIN BBN: APNI BIAN ANCI 12019 (1918) -	~ ^ (
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		11162004 REIN-P	CR2E098 (6/04)	IKI)
City & Stat	e	City & State	<i>C</i> 1	4. FEI Number	( / /2 <del>                                     </del>	ed For
Zip	Country	Jacksonville	Country	5000012	<del> </del>	pplicable
	Country	-32218	<u> </u>	5. Certificate of Status Desired	\$8.75 Addition	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
LUCAS, K						
10734 KYI	LE DR. IVILLE, FL. 32218		Street Address (P.O. Box Number is Not Acceptable)			
JAORGO!	IVICEC, I C OZZIO			•		
			City		FL Zip Code	
	named entity submits this statement for	or the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of F		d accept
the obligation	tions of registered agent.	2			w/ /	
SIGNATURE.	Signature, typed or printed name of constered agent	CCSO and title if applicable (NOTE:	Registered Agent signature rec	uries when rejectating	11/16/04	<u> </u>
	og access of burner of the second again	ана ист причине.	riagiataian Agait aigilataia iat	Canad which indicatedly	DAIL .	
	E NOWIII FEE IS \$750.00				•	
	nuary 1, 2005, Fee will be \$900.0	<u> </u>				
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OF		N 11 ☐ Addition
NAME	LUCAS, KEVIN	E Doicte	NAME			
STREET ADDRESS CITY-ST-ZIP	10734 KYLE DR.   JACKSONVILLE, FL 32218		STREET ADDRESS CITY-ST-ZIP	,		
TITLE	BAOROGIVILLE, I'E GEETO	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change [	Addition
NAME			NAME	4		
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NAME STREET ADDRESS			NAME .	000043	299590	ļ
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	000043 12/09/040102	<del>0023 **75</del> 8.7	5
TITLE		, Delete	TITLE		Change [	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			}
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby	certify that the information supplied with	n this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes	. I further certify that the infor	rmation
of the co	I on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report a	r signature snall have th s required by Chapter 6	e same legal effect as it made under 07, Florida Statutes; and that my nar	ne appears in Block 10 or Bl	ock 11 if
•	24	da da da facilità de la compowered.				
SIGNAT	TURE: Juni	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	Date	Daytime Phone #	
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