


2005 FOR PROFIT CORPORATION REINSTATEMENT

04/30/04 90378 029 \$150.00

DOCUMENT # P03000007069		
1. Entity Name H R PAINTING INC.		

FILED

05 MAY 11 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1 SPORTMAN WAY ROTONDA, FL 33947	Mailing Address P.O. BOX 428 NOKOMIS, FL 34274
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2. Principal Place of Business 10220 ASBURY AVE Suite, Apt. #, etc.	3. Mailing Address 10220 ASBURY AVE Suite, Apt. #, etc.
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City & State Englewood, FL Zip 34224	Country	City & State Englewood, FL Zip 34224	Country
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4. FEI Number 593763598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, HECTOR M 1 SPORTMAN WAY ROTONDA, FL 33947	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, HECTOR M 1 SPORTMAN WAY ROTONDA, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054866439 05/19/05--01079--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELGADO, GUILLERMO 1 SPORTMAN WAY ROTONDA, FL 33947 <input 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	DS AZZOLINA, FLAVIO 207 KATELYN COVE SARASOTA, FL 342379032 <input 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
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
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 exemption stated in Section 119.07(3)(i), 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: Hector Rodriguez 6/9/05 941-3914702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5-3-05

To Whom It May Concern,

I did not receive the report letter that was sent out on May 11, 2004. because P.O. Box is no longer theirs the new address is 10220 Albury Ave Englewood, fl 34224. Please waive the \$600.00 reinstatement fee. You already have \$150.00 on record. My FEIN # is 59376598.

Thank You,
Hector Rodriguez