

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000021772	
1. Entity Name PAINTING SPECIALTIES INC.	



FILED  
05 FEB 16 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
STATEMENT 04-05

Principal Place of Business 415 HERNANDO ST., #4 FT. PIERCE, FL 34949	Mailing Address 415 HERNANDO ST., #4 FT. PIERCE, FL 34949
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2. Principal Place of Business 1102 MITCHELL AVE Suite, Apt. #, etc.	3. Mailing Address PO Box 7381 Suite, Apt. #, etc.
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City & State P.S.L. FL	City & State P.S.L. FL
Zip 34952	Zip 34985
Country	Country



02032005 REIN-P CR2E098 (6/04)

4. FEI Number 26-0059043	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 MITTLER, DAVE 415 HERNANDO ST., #4 FT. PIERCE, FL 34949	7. Name and Address of New Registered Agent Name DAVID J. MITTLER Street Address (P.O. Box Number is Not Acceptable) 1102 MITCHELL AVE City P.S.L. FL Zip Code 34952
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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: DAVID J. MITTLER 2-14-05  
(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MITTLER, DAVE	TITLE PD	NAME MITTLER DAVE
STREET ADDRESS 415 HERNANDO ST., #4	CITY-ST-ZIP FT. PIERCE, FL 34949	STREET ADDRESS 1102 MITCHELL AVE	CITY-ST-ZIP P.S.L. FL- 34952
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: DAVID J. MITTLER 2-14-05 772-979-6966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #