

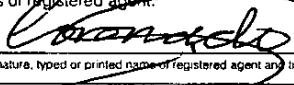
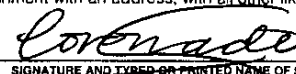


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000026644</b> 1. Entity Name <b>MATTHEW'S PAINTING &amp; REMODELING, INC.</b>				<b>FILED</b> <b>05 OCT 19 PM 4:19</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1506 AVLEIGH CIR.</b> <b>ORLANDO, FL 32824</b>		Mailing Address <b>1506 AVLEIGH CIR.</b> <b>ORLANDO, FL 32824</b>			
2. Principal Place of Business <b>2849 N Morningside Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>2849 N Morningside Ct</b> Suite, Apt. #, etc.			
City & State <b>Oviedo FL</b> Zip <b>32765-6924</b> Country		City & State <b>Oviedo FL</b> Zip <b>32765-6924</b> Country			
4. FEI Number <b>75-3104842</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Juan Carlo Coronado</b> Street Address (P.O. Box Number is Not Acceptable) <b>2849 N. Morningside Ct</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765-6924</b>			
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  <b>Juan Carlo Coronado</b> <b>10-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORONADO, JUAN C 1506 AVLEIGH CIR. ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2849 N. Morningside Ct Oviedo FL 32765-6924	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060951405 10/26/05--01037--006 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/26/05	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/26/05	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/26/05	<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:  <b>Juan Carlo Coronado</b> <b>10-14-05</b> <b>407-971-3378</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					