


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000068224**

1. Entity Name  
PADRON PAINTING, INC.



05 AUG 10 10:54

Principal Place of Business      Mailing Address  
4111 MINDI AVENUE      4111 MINDI AVENUE  
NAPLES, FL 34112      NAPLES, FL 34112

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**65-1193365**

Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required



**REINSTATEMENT**

6. Name and Address of Current Registered Agent  
CURLL, EILEEN  
641 24TH AVENUE N.E.  
NAPLES, FL 34120

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 *Eileen Curll*      DATE **7-22-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PADRON JR., ALBERTO <input type="checkbox"/> Delete 4111 MINDI AVENUE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, LISE <input type="checkbox"/> Delete 4111 MINDI AVENUE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURLL, EILEEN <input checked="" type="checkbox"/> Delete 641 24TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RABASSA, ROBERTO <input checked="" type="checkbox"/> Delete 4860 WHISTLERS GREEN CIRCLE #2 NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>NOTED</del> 08/10/05--01043--003 **\$900.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400058450414 08/10/05--01043--003 **\$900.00
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]*      DATE: **08/05**      DAYTIME PHONE #: **(239) 825-4507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR