

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000095466

1. Entity Name
BRYANTS CUSTOM PAINTING INC.



FILED

07 AUG 15 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P. O. BOX 14953
TALLAHASSEE, FL 32317

Mailing Address
P. O. BOX 14953
TALLAHASSEE, FL 32317

2. Principal Place of Business, No P.O. Box #
351-112 Rawls Rd.
Suite, Apt. #, etc.

3. Mailing Address
351-112 Rawls Rd.
Suite, Apt. #, etc.

City & State
Cairo Ga.
Zip
39828
Country

City & State
Cairo, Ga
Zip
39828
Country

08152007 REIN-P CR2E098 (1/07) 06-07

4. FEN Number
43-2030887

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

Ricky X Asst. Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/2007
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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTV
BRYANT, CRAIG
351-112 RAWLS RD.
TALLAHASSEE, FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRYANT, REGINALD
213 10TH ST.
CAIRO, GA 39828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400100474044
08/22/07--01046--006 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Craig Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-07 229-221-0444
Date Daytime Phone #