


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000100224		
1. Entity Name SHARKY'S PAINT COMPANY, INC.		

FILED

05 JAN -3 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

Principal Place of Business 757 EAST GORRIE DR. ST. GEORGE ISLAND, FL 32328	Mailing Address 757 EAST GORRIE DR. ST. GEORGE ISLAND, FL 32328
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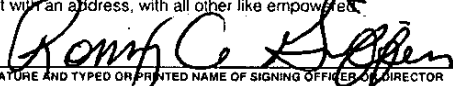
2. Principal Place of Business 757 E Gorrie Dr. Apt 7 City & State St George Island Fla	3. Mailing Address 757 E Gorrie Dr. Apt 7 City & State St George Island Fla
4. FEI Number 050582988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFIN, RONNY C 757 EAST GORRIE DR. ST. GEORGE ISLAND, FL 32328	
7. Name and Address of New Registered Agent Name Griffin Ronny C Street Address (P.O. Box Number is Not Acceptable) 757 E Gorrie Dr Apt 7 City St George Island FL Zip Code 32328	

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. FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	(NOTE: Registered Agent signature required when reinstating)	DATE
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, RONNY 757 EAST GORRIE DR., APT. 7 ST. GEORGE ISLAND, FL 32328 <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	V GRIFFIN, PAM 757 EAST GORRIE DR., APT. 7 ST. GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043794581 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/03/05-01014-016 **150.00
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
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 empowers.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 12-20-04 Daytime Phone #