

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000104528</b> 1. Entity Name <b>TWO FRIENDS PAINT AND BODY SHOP, INC.</b>			
Principal Place of Business <b>111 U.S. #1, WAREHOUSE #405 ROCKLAND KEY, FL 33040</b>		Mailing Address <b>1023 83RD ST OCEAN MARATHON, FL 33050</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5501 3<sup>rd</sup> AVE APT: 252 KEY WEST, FL 33040</b>	
City & State <b>KEY WEST, FL</b>		4. FEI Number <b>35-2214275</b>	
Zip <b>33040</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>BRIONES, MILTON 1023 83RD ST OCEAN MARATHON, FL 33050</b>		7. Name and Address of New Registered Agent Name <b>MILTON BRIONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>5501 3<sup>rd</sup> AVE APT: # 252</b> City <b>KEY WEST</b> FL <b>33040</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  DATE <b>AUG-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		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 BRIONES, MILTON 1023 83RD ST OCEAN MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300109880299</b> <b>08/27/07--01048--014 **309.75</b>
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
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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 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:		Date <b>AUG-23-07 (305) 293-8686</b> Daytime Phone #	

FILED

07 AUG 27 AM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT (1/07)

WDP