

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000122871

Entity Name: 1ST CHOICE PAINTING, CO.

FILED  
Jun 03, 2005  
Secretary of State

**Current Principal Place of Business:**

6151 N.W. EAST DEVILLE CIRCLE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

5867 NW LEGHORN AVENUE  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

6151 N.W. EAST DEVILLE CIRCLE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

5867 NW LEGHORN AVENUE  
PORT SAINT LUCIE, FL 34986

FEI Number: 01-0795166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SONSIRE, GONZALEZ  
6151 N.W. EAST DEVILLE CIRCLE  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

SONSIRE, GONZALEZ  
5867 NW LEGHORN AVENUE  
PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: SONSIRE GONZALEZ

06/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, SONSIRE  
Address: 6151 N.W. EAST DEVILLE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V ( ) Delete  
Name: GONZALEZ, JIAM  
Address: 6151 N.W. EAST DEVILLE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, SONSIRE  
Address: 5867 NW LEGHORN AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V (X) Change ( ) Addition  
Name: GONZALEZ, JIAM  
Address: 5867 NW LEGHORN AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONSIRE GONZALEZ

P

06/03/2005

Electronic Signature of Signing Officer or Director

Date