2004 FOR PROFIT CORPORATION REINSTATEMENT

FIFD

DOCUMENT # P03000123119

2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

KEY WEST PAINT COMPANY, INC.



10/25/04

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SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2888 CINAMON BEAR TRAIL 2888 CINAMON BEAR TRAIL PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business 3. Mailing Address P.O. Box 1701 Suite, Apt. #. etc. Suite, Apt. #, etc. ---10252004 CR2E098 (6/04) City & State City & State Applied For 4. FEI Number 30-0210027 oldsmar Florida Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired 34677 US 4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, ROY L Street Address (P.O. Box Number is Not Acceptable) 2888 CINAMON BEAR TRAIL PALM HARBOR, FL 34684 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. Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating DATE FILE NOWIN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ROY L. WAYERS TITLE ☐ Change ☐ Addition 100042631731 11/10/04--01025--015 **150.00 NAME NAME CINAMON BEAR THAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Delele ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.