2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000123119 FILED 1. Entity Name KEY WEST PAINT COMPANY, INC. 05 OCT 14 PH 7: 35 Principal Place of Business Mailing Address 2888 CINAMON BEAR TRAIL P.O. BOX 1701 PALM HARBOR, FL 34684 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 101 2005) F (REN. A) 4. FEI Number City & State City & State Applied For 30-0210027 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 City 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 title if applicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE C Delete TITLE Change Change 1071470S--51064--511 109 1 **150.00 WALKER, ROY L NAME NAME STREET ADDRESS 2888 CINAMON BEAR TRAIL STREET ADORESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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 Change ☐ Detete TILE ☐ Addition TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 if changed, or on an attachment with an address, with all other like empowered. - 10/11/05 SIGNATURE: