

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -4 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124697

1. Entity Name  
MIKHAIL SLIVKA PAINTING, INC.



Principal Place of Business

199 GOLF CLUB LANE  
VENICE, FL 34293

Mailing Address

199 GOLF CLUB LANE  
VENICE, FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

20-0321-337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENAISSANCE TAX & BUSINESS SERVICES, INC.  
2357-3 S. TAMiami TRAIL STE 201  
VENICE, FL 34293

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Mikhail Slivka*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME SLIVKA, MIKHAIL  
STREET ADDRESS 199 GOLF CLUB LANE  
CITY-ST-ZIP VENICE, FL 34293

TITLE D  
NAME SLIVKA, GALINA S  
STREET ADDRESS 199 GOLF CLUB LANE  
CITY-ST-ZIP VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400042475874  
11/04/04--01048--003 \*\*150.00

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Mikhail Slivka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 650-4101

B

20fz

**Mikhail Slivka Painting, Inc.  
199 Golf Club Lane  
Venice, FL 34293**

**1 November, 2004**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

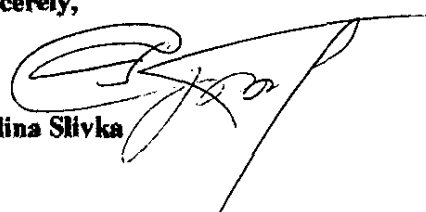
**This is to inform you that we did not receive a notice to file the Annual Report at the beginning of 2004. As a result we failed to file on time and now wish to correct this matter with the enclosed filing.**

**Thank you for your assistance in this matter**

**If there are any questions or discussion required please call me at any time:**  
**(941) 492-5173**

**Sincerely,**

**Galina Slivka**

A handwritten signature in black ink, appearing to be 'Galina Slivka', written over the printed name.