

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000126795**

1. Entry Name  
**JOHN-DREKA PAINTING INC.**



**FILED**

05 JAN -4 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9775 CREEKFRONT RD #2003  
JACKSONVILLE, FL 32256**

Mailing Address  
**9775 CREEKFRONT RD #2003  
JACKSONVILLE, FL 32256**

2. Principal Place of Business  
**9820 Creekfront Rd**  
Suite, Apt. #, etc. **107**

3. Mailing Address  
**9820 Creekfront Rd**  
Suite, Apt. #, etc. **107**

City & State  
**Jacksonville Florida**

City & State  
**JAX Florida**

Zip  
**32256**

Country  
**Duval**

Zip  
**32256**

Country  
**Duval**



11192004 REIN-P CR2E098 (6/04) **MRB**

4. FEI Number  
**41-2115311**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GJONDREKAJ, ARBEN  
9775 CREEKFRONT RD #2003  
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent  
Name **GJONDREKAJ ARBEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**9820 Creekfront Rd #107**  
City **Jacksonville** FL Zip Code **32256**

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 **ARBEN GJONDREKAJ** *Arben Gjondreka* **12-29-04**  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GJONDREKAJ, ARBEN</b> <b>9775 CREEKFRONT RD #2003</b> <b>JACKSONVILLE, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900043743949</b> <b>12/30/04--01044--002 **150.00</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 <b>900043743949</b> <b>12/30/04--01044--003 **150.00</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
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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

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: **Arben Gjondreka** *Arben Gjondreka* **12-10-04(904)710-4067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #