FORDATION REINSTATEMENT FORDADEPARTMENT OF STATE Secretary of State DYSION OF CORPORATIONS DOCUMENT # P03 000 30 20 1. Composition Name Complete Raint Contracting INC 2. Principal Office Address - No P.O. Box # 108 03 Roundwar LA P0803 Remark Vicus Lanc 10803 Roundwar LA State, Ast # etc State, Ast # etc Cry & State Tampa FL Tamp	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
Complete Paint Contracting INC Complete Paint Contracting INC Complete Paint Contracting INC Complete Paint Contracting INC Complete Paint Contracting INC Contracting Paint Contracting INC Contracting Paint Contract	CORPORATION REINSTATEMENT CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State	07 NOV 20 PM 3: 42
2. Principal Office Address: No P.O. Box 8 3. Mealing Office Address 10803 Roundwu 10803	1. Corporation Name	SLUMETARY OF STATE TALLAHASSEE, FLORIDA
Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Footda 11/06/2003 Applied For To Do Business in Footda 11/06/2003 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Supplement Agent FL 336-24 8. I. being appointed the reptigred papert of the above named corporation, and hamilar with and accept the obligations of section 607.0505 or 617.0503, F.S. Supplement Agent FL 30-07 Registred Address of Earch Officer and/or Director Florida mongrofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Officer and/or Directors Director Officer and/or Directors Officer and/or	W=7-55009	
Cay & State Tam par	10803 Roundviced Lane 10803 Roundview L	REINSTATEMENT, 06-07
Country Substance Country Co		4. Date Incorporated or Qualified To Do Business in Florida 11/06/2003
33624 USA 33624 USA 33624 USA 7. Name and Address of Current Registered Agent Name 5 TOW D Norton Street Address (P.O. Box Number is Not Acceptable) (10 80 3 Round Virw Lane Street Address (P.O. Box Number is Not Acceptable) (10 80 3 Round Virw Lane State 330 Code FL 3	Tampa FL Tanga FL	
Name of Street Address (P.O. Box Number is Not Acceptable) 10 80 3 Re und Virtue Lane State Zip Code FL 33624 8. 1, being appointed the registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Address of Each Officer and/or Director Titles Officers and/or Directors 10 80 3 Roundure M. Tampa (City State / Zip Code FL 33624 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors 10 80 3 Roundure M. Tampa FL 33624 10 1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2	- () () () () ()	6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required
Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Tanpa Signature of Registered Agent Name of Officer and/or Director Officers and/or Directors Titles Name of Officers and/or Directors No Part Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors No Part Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles No Part Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles No Part Address of Each Officer and/or Director Officers and/or Director officer and/or Director		
Street Address (P.O. Box Number is Not Acceptable) Long 10 80 3 Re was Virtual Lane State 2/p Code FE 3362+ 8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Registered Agent Registered Noticer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Registered Agent Registe		
Suite, Apt. #, Etc. Tanga State Zip Code FL 336244 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PLANT OFFICER ADDRESS Steven D North 10803 Roundurum In Tangan Etc. 336034 10. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this ministratement application, the meason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fless over by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SHADA	Street Address (P.O. Box Number is Not Acceptable)	
Tanpa State Zip Code FL 3362+1 3362+1		· - ·
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent		· ·
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director (City/State / Zip) PLES SHEVEN D NORTON 10803 Roundurum In Tanupa FK 332034 10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees oved by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SHAMA 10.1 0-30-07		+
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Steven D North 10803 Roundum In Tanupa Ft 33624 10.1 cartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: STATURE:	Signature of Registered Agent Date 10-30-07	
Pres Steven D Norton 10803 Roundur In Tampa FC 33C2Y 10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form ond qualify for an exemption contained in Chapter 119, F.S. The Information Indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 33C2Y Tampa FC 33C2Y Ta	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: ### 173 ### 174 ##	Officers and/or Directors Officer and/or Directors	ector City / State / Zip
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:	Pres Steven D NORTON 10803 Rounduced Ly Tampa Fe 33624	
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:		
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:	511/26	
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:		
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:		
	this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The Information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath	