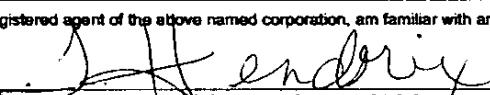


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P03000133016 1. Corporation Name Painting Plus of N.W. Florida, Inc.		

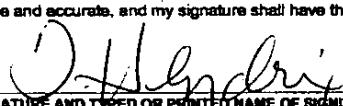
2. Principal Office Address - No P.O. Box # 731 Edge St.		3. Mailing Office Address 731 Edge ST.	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6	
City & State Ft. Walton Bch, FL		City & State Ft. Walton Bch, FL	
Zip 32547	Country USA	Zip 32547	Country USA

7. Name and Address of Current Registered Agent			
Name Tim Hendrix			
Street Address (P.O. Box Number is Not Acceptable) 731 Edge ST.			
Suite, Apt. #, Etc. #6			
City Ft. Walton Bch, FL		State FL	Zip Code 32547

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 
Date <u>29 Oct 07</u>

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
PRES.	Tim Hendrix	731 Edge St. #6	Ft. Walton Bch, FL 32547

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 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 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: 	Tim Hendrix	29 Oct 07	850-240-0278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
07 DEC -5 PM 3:56
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *04-07*
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/17/2003

5. FEI Number 56-2417499 **Applied For**
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

**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.**

12/05/07-01024-019 **637.00

xc 12/06