

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134721

1. Entity Name
JAMES ALBURY PAINTING, INC.



FILED

06 APR 21 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5785 SW 82 AVE
MIAMI, FL 33143

Mailing Address
5785 SW 82 AVE
MIAMI, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

04/19/2006

REINSTATEMENT

04/19/2006 (11/05)

05-06

84-1644542

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

THOMAS, WILLIAM H ESQ
1481 NW NORTH RIVER DRIVE
MIAMI, FL 33125

Name Nick Albury

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

5785 SW 82 AVE

City Miami

FL

Zip Code 33143

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

Nick A. Albury

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

(NOTE: Registered Agent signature required when reinstating)

4-19-06

DATE

FILE NOW!!! FEE IS \$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 S ALBURY, JAMES E ☐ Delete
STREET ADDRESS 5785 SW 82 AVE
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ALBURY, NICHOLAS J ☐ Delete
STREET ADDRESS 5785 SW 82 AVE
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 200072134222
CITY-ST-ZIP 04/26/06--01021--021 ***308.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James Albury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 385-321-3530

Date

Daytime Phone #

B. Mitchell APR 25 2006