


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000135748 1. Entity Name JOSEPH GOMEZ PAINTING, INC.					
Principal Place of Business 111 2ND STREET SOUTH #C JACKSONVILLE BEACH, FL 32250			Mailing Address 111 2ND STREET SOUTH #C JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 325 B Sth Ave. So.		3. Mailing Address <i>AS IN 8041</i> 325 B Sth Ave. So.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE Bch, FL		City & State JACKSONVILLE Bch, FL			
Zip 32250		Country USA		4. FEI Number 42-1610953	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent O'NEILL, KAREN B 1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 STREET ADDRESS CITY - ST - ZIP	PVST GOMEZ, JOSEPH <input type="checkbox"/> Delete 111 2ND STREET SOUTH #C JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>AS IN 8041</i> 325-B Sth Ave. So. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, JOSEPH <input type="checkbox"/> Delete 111 2ND STREET SOUTH #C JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY - ST - ZIP	325-B Sth Ave. So. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000120636990 03/18/08--01036--015 **300.00	
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	
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	
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 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: <i>Joseph R. Gomez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/08 (904) 333-1965 <small>Date Daytime Phone #</small>		

FILED
2008 MAR 18 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08
03112008 REIN-P CR2E098 (1/07)

B. Mitchell MAR 18 2008