

# **- 2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED**

2005 OCT 10 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P03000136102</b> 1. Entity Name <b>HAM QUALITY PAINTING, INC.</b>					
Principal Place of Business <b>4 SARAH LANE FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>4 SARAH LANE FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0409032</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILDER, JIM 102 OAKHILL AVE FT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAM, JOSEPH H 4 SARAH LANE FORT WALTON BEACH, FL 32547			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000060460310</b> <b>10/10/05--01081--011 **\$150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDEN, ANGELA M 4 SARAH LANE FORT WALTON BEACH, FL 32547			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, HAROLD S 4 SARAH LANE FORT WALTON BEACH, FL 32547			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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.					
<b>SIGNATURE: x Joseph Ham</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> <b>10/7/05 850 325 7100</b>  <small>Daytime Phone #</small> </div>					

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