

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05

10/2

DOCUMENT # P03000140375	
1. Entity Name T.D. PAINTING, INC.	



FILED

05 APR -4 PM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 139 N CHRISTIANA AVE APOPKA, FL 32703	Mailing Address 139 N CHRISTIANA AVE APOPKA, FL 32703
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2. Principal Place of Business 620 Monica Rose Dr. #1513 Suite, Apt. #, etc. 1513 City & State APOPKA FL Zip 32703 Country Orange	3. Mailing Address 620 Monica Rose Dr. #1513 Suite, Apt. #, etc. 1513 City & State APOPKA FL Zip 32703 Country Orange
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02082005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent DELGADO, TEODORO 139 N CHRISTIANA AVE APOPKA, FL 32703 620 Monica Rose Dr. #1513	
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7. Name and Address of New Registered Agent Name SAMP Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Teodoro Delgado president 4-2-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, TEODORO 139 N CHRISTIANA AVE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000055655770 06/02/05--01029--005 **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
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4/8/05
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Teodoro Delgado Teodoro Delgado 4-2-05 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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corporation's

4-02-05

To whom, it may concern,

Zal Z

I Teodoro Delgado, president

of TD painting asking to please

waive all fee's if possible

do to change of address

lost trailer House in hurricane's

no recive report, because had

To move,

Thank you

Teodoro Delgado.

New Address : 620 Monica Rose Dr. #1513
for mailing Apopka fl 32703