2009 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # P03000142442 09 APR 10 PM 2: 04 1. Entity Name M M M PAINTING INC. GEORETARY OF STATE LALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3301 S. SANDFORD AVE. P. O. BOX 1163 SANFORD,, FL 32772 APT # 35 SANFORD., FL 32773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1381 E. Lombardy Dr 1381 E. Lombardy Suite, Apt. #, etc. 040-2009 REIN-PTE NICH City & State City & State 4. FEI Number Deltona Deltona 03-0534757 Not Applicable Zip Country Country \$8.75 Additional 32725 5. Certificate of Status Desired Volusia Volusia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent mario m. meraz MERAZ, MARIO M Street Address (P.O. Box Number is Not Acceptable) 3301 S. SANFORD AVE. APT. # 35 SANFORD, FL 32773 Zip Code **3272**5 city Deltona 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 In accordance with s. 607.193(2)(b), F.S., the FILE NOWIII FEE IS \$300,00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Addition TITLE meraz, Mario M NAME MERAZ, MARIO M 1381 E. Lombardy Dr STREET ADDRESS 3301 S. SANFORD AVE. APT. #35 STREET ADDRESS SANFORD,, FL 32773 CITY-ST-ZIP CITY-ST-ZIP beltona F1 32725 TITLE Detete TITL F TH Change ☐ Addition meraz Izua A 1381 E. Lombardy Dr MERAZ, IZAU A NAME NAME STREET ADDRESS 3301 S. SANFORD AVE. APT. #35 STREET ADDRESS CITY-ST-7IP SANFORD, FL 32773 CITY-ST-ZIP Deltona FI 32725 Delete Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 200149437062 CITY-ST-ZIP CITY-ST-ZIP **300.00 ☐ Change FILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change nne ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-7P Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/6/09

FILED