


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142579		
1. Entity Name CESAR'S PAINTING, INC		

FILED
08 NOV 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6810 HWY 71 WEWAHITCHKA, FL 32465	Mailing Address 8 APALACHEE STREET APALACHICOLA, FL 32320
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2. Principal Place of Business - No P.O. Box # 301 Garrison Ave Port. St. Joe City & State Florida Zip 32456 Country Guaf	3. Mailing Address 301 Garrison Ave Port. St. Joe City & State Florida Zip 32456 Country Guaf
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4. FEI Number 84-1629617		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NUNEZ, CESAR 8 APALACHEE ST APALACHICOLA, FL 32320		7. Name and Address of New Registered Agent Name: Nunez Cesar Street Address (P.O. Box Number is Not Acceptable) 301 Garrison Ave City: Port. St. Joe FL Zip Code: 32456

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$900.00

In accordance with WITH 5.607, AS
2)(c)(8), S.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	P NUNEZ, CESAR 6810 HWY 71 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600138034516 11/18/08--01007--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNEZ, CELIA A 6810 HWY 71 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 to this report, if address, will call other like empowered.

SIGNATURE Cesar Nunez 11-15-08 (80) 229-1236
Date Daytime Phone #