


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000142777**

1. Entity Name  
**CONRAD PAINTING, INC.**



FILED  
05 NOV -7 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3368 CITATION DRIVE GREEN COVE SPRINGS, FL 32043 US 4609 WESTCONNETT BLVD. JACKSONVILLE FL 32210 + →</b>	Mailing Address <b>3368 CITATION DRIVE GREEN COVE SPRINGS, FL 32043 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number <b>20-0442448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BARNES & JAMES, P.A.  
2620 BLAIR STONE ROAD  
TALLAHASSEE, FL 32304**

**MARION U. WEHNER, EA  
589 BLANDING BLVD.  
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **MARION U. WEHNER, EA, LLC.**

Street Address (P.O. Box Number is Not Acceptable)  
**589 BLANDING BLVD.**

City **ORANGE PARK** FL Zip Code **32073**

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 *Marion U. Wehner* DATE 10/17/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	CONRAD, ROBERT	
STREET ADDRESS	3368 CITATION DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**800061219508  
11/07/05--01059--022 \*\*750.00**

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.

SIGNATURE: *Robert Conrad* DATE 10/17/05 (904) 276-7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #