

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144509

1. Entity Name
STEVE'S CUSTOM PAINTING, INC.



06 JUL -7 11:59

Principal Place of Business
3461-T CARLTON ARMS DRIVE
TAMPA, FL 33614

Mailing Address
3461-T CARLTON ARMS DRIVE
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Tampa
Suite, Apt. #, etc. apt A
7006 Santa Ana Dr -

7006 Santa Ana Dr apt A

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL



REINSTATEMENT

(11/05)

05-06

Zip
33617

Country
Hillsborough

Zip
33617

Country
Hillsborough

4. FEI Number
20-0452524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURY, STEVEN W
3461-T CARLTON ARMS DRIVE
TAMPA, FL 33614

Name Steven W. Bury
Street Address (P.O. Box Number is Not Acceptable)
7006 Santa Ana Dr. Apt A
City Tampa FL Zip Code 33617

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T. ☐ Delete
NAME BURY, STEVEN W
STREET ADDRESS 3461-T CARLTON ARMS DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000077521320
07/14/06--01033--006 ***300.00

TITLE VP.S. ☐ Delete
NAME BURY, PATTIE D
STREET ADDRESS 3461-T CARLTON ARMS DRIVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06

Date

813-833-1272

Daytime Phone #