

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000145257

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

**Entity Name:** ROBERTA WELK WALLCOVERING SERVICE, INC.

**Current Principal Place of Business:**

2469 SE PENNY LANE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2469 SE PENNY LANE  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 55-0854167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELK, ROBERTA  
2469 SE PENNY LANE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ROBERTA WELK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** WELK, ROBERTA  
**Address:** 2469 SE PENNY LANE  
**City-St-Zip:** STUART, FL 34994

**Title:** S  
**Name:** WELK, ROBERTA  
**Address:** 2469 SE PENNY LANE  
**City-St-Zip:** STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERTA WELK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/23/2012

\_\_\_\_\_  
Date