

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151628

1. Entity Name
CREATIVE PAINTING OF SOUTH FLORIDA, INC.



FILED

04 NOV -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1150 SUSSEX DRIVE
SUITE 1324
NORTH LAUDERDALE, FL 33068 US

Mailing Address
1150 SUSSEX DRIVE
SUITE 1324
NORTH LAUDERDALE, FL 33068 US

2. Principal Place of Business
9 Harbor Center Dr.

3. Mailing Address
9 Harbor Center Dr.

Suite, Apt. #, etc.
Suite #15

Suite, Apt. #, etc.
Suite 15

City & State
Palm Coast, FL

City & State
Palm Coast, FL

Zip
32137

Country
Flagler

Zip
32137

Country
Flagler

11012004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0483426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSA, LEANDRO R
1150 SUSSEX DRIVE
#1324
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name
Rosa, LEANDRO R.

Street Address (P.O. Box Number is Not Acceptable)

88 Whippoorwill Dr.

City
Palm Coast

FL 32164

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]*

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

(NOTE: Registered Agent signature required when reinstating)

11/01/2004

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSA, LEANDRO R
1150 SUSSEX DRIVE#1324
NORTH LAUDERDALE, FL 33068

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Rosa, Leandro
88 Whippoorwill Dr
Palm Coast FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/04 386-931-3511
Date Daytime Phone #