

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154534 1. Entity Name PALM COAST CUSTOM PAINTING, INC.	
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FILED
05 NOV -7 PM 12: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 91 WESTHAMPTON DR PALM COAST, FL 32164 US	Mailing Address 91 WESTHAMPTON DR PALM COAST, FL 32164 US
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2. Principal Place of Business Suite, Apt. #., etc.	3. Mailing Address 8 Driftway Terrace Suite, Apt. #., etc.	10262005 REIN-P CR2E098 (6/04)
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City & State Flagler Beach FL	City & State Flagler Beach FL	4. FEI Number 20-0492859	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32136	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILLING, VIRGINIA A 91 WESTHAMPTON DR PALM COAST, FL 32164	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HILLING, VIRGINIA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91 WESTHAMPTON DR	NAME	
STREET ADDRESS	PALM COAST, FL 32164	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TERRI D	NAME	200061046992
STREET ADDRESS	91 WESTHAMPTON DR	STREET ADDRESS	10/31/05--01049--019 **150.00
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DOUGLAS	NAME	
STREET ADDRESS	91 WESTHAMPTON DR	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: Virginia A Hilling 10-28-05 3866224395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #