

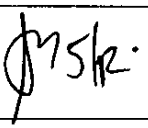
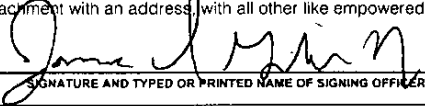


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001443 1. Entity Name NORTH FLORIDA CUSTOM PAINTING INC						FILED 08 MAY -7 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2298 OSCEOLA FOREST COURT SWITZERLAND, FL 32259				Mailing Address 3000-3 HARTLEY ROAD JACKSONVILLE, FL 32257			
2. Principal Place of Business - No P.O. Box # 1193 Marlee Rd		3. Mailing Address 1193 Marlee Road		 REINSTATEMENT 04/25/2008 REINSTATEMENT 04/25/2008 (1/07) 07-08			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 20-0523315			
Zip 32259		Country USA		Zip 32259		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent HUISINGA, ROBERT J 3000-3 HARTLEY ROAD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 NAME STREET ADDRESS CITY - ST - ZIP	P GRAHAM, JAMES I JR 2298 OSCEOLA FOREST COURT SWITZERLAND, FL 32259 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRAHAM, SONYA K 2298 OSCEOLA FROEST COURT SWITZERLAND, FL 32259 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	300129592813 05/15/08--01020--003 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  James I Graham, Jr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<div style="text-align: right;">Date Daytime Phone #</div>							