

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000003573 1. Entity Name ACOSTA PAINTING & CLEANING, INC.		
Principal Place of Business 11311 N 22ND STREET TAMPA, FL 33612		Mailing Address 11311 N 22ND STREET TAMPA, FL 33612
2. Principal Place of Business 15501 BRUCE B. DOWN BLV. Suite, Apt. #, etc. # 503	3. Mailing Address 15501 BRUCE B. DOWN BLV. Suite, Apt. #, etc. # 503	
City & State TAMPA, FLORIDA	City & State TAMPA FL	4. FEI Number 02-0713343
Zip 33647	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ACOSTA, FRANCISCO J 11311 N 22ND STREET TAMPA, FL 33612		7. Name and Address of New Registered Agent Name <u>ACOSTA, FRANCISCO J</u> Street Address (P.O. Box Number is Not Acceptable) 15501 BRUCE B. DOWN BLV. APT. # 503 City <u>TAMPA</u> <u>FL</u> Zip Code <u>33647</u>
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: <u>Francisco Acosta</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <u>10-03-05</u>
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.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, FRANCISCO J <input type="checkbox"/> Delete 11311 N 22ND STREET TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060500143 10/11/05--01060--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Francisco Acosta Date: 10-03-05 (813) 426-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

M/700