


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007586 1. Entity Name ROBERT DI CRISCI PAINTING, INC.	
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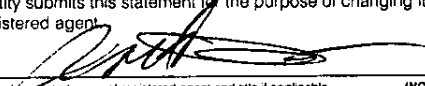
Principal Place of Business 2049 POCOGAMDENS DR WEST PALM BEACH, FL 33414	Mailing Address 102 SADDLE TRAIL ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business 2395 HOME Suite, Apt. #, etc.	3. Mailing Address 2395 CURLEY CUT Suite, Apt. #, etc.
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL		
Zip 33411	Country USA	Zip 33411	Country USA

6. Name and Address of Current Registered Agent DI CRISCI, ROBERT 102 SADDLE TRAIL ROYAL PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name DiCrisci Robert Street Address (P.O. Box Number is Not Acceptable) 2395 CURLEY CUT WEST PALM BEACH, FL. City FL Zip Code 33411
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 11/27/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 D NAME DI CRISCI, ROBERT STREET ADDRESS 102 SADDLE TRAIL CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE DI CRISCI ROBERT (PRESIDENT) NAME DI CRISCI ROBERT (PRESIDENT) STREET ADDRESS 2395 CURLEY CUT CITY-ST-ZIP WEST PALM BEACH, FL 33411	<input checked="" 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 600082331286 12/06/06--01063--014 **158.75	<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
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____ Daytime Phone # _____