

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000012583

FILED
Apr 30, 2007
Secretary of State

Entity Name: LUIS NINO PAINTING, INC.

Current Principal Place of Business:

1859 WOODRIVER DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

1700 LIGHTSEY RD
ST AUGUSTINE, FL 32084

Current Mailing Address:

1859 WOODRIVER DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

1700 LIGHSEY RD
ST AUGUSTINE, FL 32084

FEI Number: 20-0687551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NINO, LUIS F
1859 WOODRIVER DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

NINO, LUIS F
1700 LIGHSEY RD
ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: LUIS F NINO

04/30/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NINO, LUIS F
Address: 1859 WOODRIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: PEREZ, LUZ M
Address: 1859 WOODRIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NINO, LUIS F
Address: 1700 LIGHTSEY RD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: PEREZ, LUZ M
Address: 1700 LIGHTSEY RD
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F NINO

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date