


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021949		
1. Entity Name PAINTED INSPIRATIONS INC.		

FILED

08 NOV 10 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3023 HAWKS LANDING DR TALLAHASSEE, FL 32309	Mailing Address 3023 HAWKS LANDING DR TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box # 4064 Shady View Ln	3. Mailing Address 4064 Shady View Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11102008 REIN-P CR2E098 (1/07)

City & State Talla FL	City & State Tallahassee, Fl.
Zip 32311	Zip 32311
Country USA	Country USA

4. FEI Number 35-2224525	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VAN STRATUM, BRUCE G 3023 HAWKS LANDING DR TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent Name 4064 Shady View Ln. Street Address (P.O. Box Number is Not Acceptable)  City Tallahassee, FL Zip Code 32311	
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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 <u>Bruce G. Van Stratum</u> 11/10/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 NAME STREET ADDRESS CITY - ST - ZIP	P VAN STRATUM, DEBORAH A 3023 HAWKS LANDING DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4064 Shady View Ln. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, Fl. 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VAN STRATUM, BRUCE G 3023 HAWKS LANDING DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4064 Shady View Ln. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, Fl. 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN STRATUM, BRIAN J 842 GREYTHORN LANE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600138035356 11/18/08--01011--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEDDINGTON, AMANDA L 8428 CAPLOCK RD TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STOWERS, JEREMY C 734 NORTH GADSDEN ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALC <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: <u>Deborah A. Van Stratum</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/10/08 850 933 6037 Date Daytime Phone #