

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025917

1. Entity Name
NJB PAINTING, INC.



FILED
06 APR -5 PM 12:07
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
320 N. NEW HAMPSHIRE AVENUE
APOPKA, FL 32712

Mailing Address
320 N. NEW HAMPSHIRE AVENUE
APOPKA, FL 32712



03292006 REIN-P CR2E098 (4/1/05) 05-06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
510493691

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, JERRY W.
320 N. NEW HAMPSHIRE AVENUE
APOPKA, FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Jerry W. Buckley
Signature, typed or printed name of registered agent and title if applicable.

JERRY W. BUCKLEY
(NOTE: Registered Agent signature required when reinstating)

4/3/06
DATE

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 PD
NAME BUCKLEY, JERRY W.
STREET ADDRESS 320 N. NEW HAMPSHIRE AVENUE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700070812617
STREET ADDRESS 04/18/06--01043--001
CITY-ST-ZIP **300.00

TITLE D
NAME DUSEK, JERRY W.
STREET ADDRESS 320 N. NEW HAMPSHIRE AVENUE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME DUSEK, NANCY B.
STREET ADDRESS 320 N. NEW HAMPSHIRE AVE.
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jerry W. Buckley JERRY W. BUCKLEY 4/3/06 407-832-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #