

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

B1W

**FILED**  
**Oct 20, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P04000040313</b> 1. Entity Name <b>DETAIL PAINTING INC</b>					
Principal Place of Business <b>1046 SHARON DRIVE LAKELAND, FL 33809</b>			Mailing Address <b>1046 SHARON DRIVE LAKELAND, FL 33809</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
<b>6. Name and Address of Current Registered Agent</b> <b>GONZALEZ, ROBERT G</b> <b>1046 SHARON DR</b> <b>LAKELAND, FL 33809</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:  DATE: <b>9-22-05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GONZALEZ, ROBERT G</b> <b>1046 SHARON DR</b> <b>LAKELAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>600060314336</b>          10/06/05-01073-009 **\$150.00       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GONZALEZ, RAYMUNDO</b> <b>735 TENNESSEE ROAD</b> <b>LAKELAND, FL 33815</b> <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	
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 exemption stated in Section 119.07(3)(f), 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:			9-22-05 863-448-0123 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ALA Paralegal, Inc.

Tax Consulting, Accounting & Tax Problems Resolution

206 Lake Harris Drive  
Lakeland, FL 33813  
863-648-0123 Fax-863-647-5905  
E-Mail: Cooktax@aol.com

September 30, 2005, 2005

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Attn: Reinstatement  
Tallahassee, FL 32304

RE: Detail Painting Inc. Doc #P04000040313


Dear Sirs/Madams:

We are attaching a computer generated UBR for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR.

Due to not receiving the notice taxpayer is requesting that you abate the penalty. We are enclosing our check in the amount of \$150.00 for the regular filing fee.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact my office.

Sincerely,

  
Thelma Chodazek  
Accounts Manager