

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000073549

1. Entity Name
SUNDANCE PAINTING INC.



FILED

06 OCT 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5071 ADINA CIRCLE
NORTH PORT, FL 34286 US**

Mailing Address
**5071 ADINA CIRCLE
NORTH PORT, FL 34286 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



10102006 REIN-P CR2E098 (11/05)

4. FEI Number
75-3155613

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HADNAGY, JAMES SR
2357-3 SOUTH TAMiami TRAIL
VENICE, FL 34293**

7. Name and Address of New Registered Agent
Name
NICHOLAS RIZZO
Street Address (P.O. Box Number is Not Acceptable)
9444 MIAMI CIRCLE
City
PORT CHARLOTTE FL Zip Code
33981

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 **10-9-06**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEEMS, CARL R SR 5071 ADINA CIRCLE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081595305 11/07/06--01055--025 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Carl R. Deems** **Oct 11, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #