



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092915 1. Entity Name PROFESSIONAL INTERIOR FINISHING INC.						FILED 08 MAY -6 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2497 MISTY WATER DR.E. JACKSONVILLE, FL 32246				Mailing Address 2497 MISTY WATER DR.E. JACKSONVILLE, FL 32246			
2. Principal Place of Business - No P.O. Box # 12758 OXFORD CROSSING DR		3. Mailing Address 12758 OXFORD CROSSING DR		 REINSTATEMENT 07-08 04282008 REIN-P CR2E098 1/00			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.					
Zip 32224		Country 		Zip 32224		Country 	
4. FEI Number 20-1307588				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent CAJIC, VLADO 2497 MISTY WATER DR.E. JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12758 OXFORD CROSSING DR. City JACKSONVILLE, FL Zip Code 32224			
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><i>Vlado Cajic</i></u> 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	P CAJIC, VLADO 2497 MISTY WATER DR.E. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12758 OXFORD CROSSING DR JACKSONVILLE, FL. 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAJIC, IVANKA 2497 MISTY WATER DR.E. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12758 OXFORD CROSSING DR JACKSONVILLE, FL. 32224		
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 500128566755 05/06/08--01007--021 **300.00		
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 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><i>Vlado Cajic</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/29/08</u> <small>Date Daytime Phone #</small>			