

2005 FOR PROFIT CORPORATION REINSTATEMENT


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FILED

05 SEP 28 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09232005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000170261		
1. Entity Name DIAZ PAINTING SERVICES, INC.		

Principal Place of Business 10-24TH AVE. APALACHICOLA, FL 32320	Mailing Address 10-24TH AVE. APALACHICOLA, FL 32320
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2. Principal Place of Business 167 22 Avenue Suite, Apt. #, etc.	3. Mailing Address 167 22 Avenue Suite, Apt. #, etc.
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City & State Apalachicola FL	City & State Apalachicola FL
Zip 32320	Country USA
Zip 32320	Country USA

4. FEI Number 20-2012900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAVON, JAZMIN A. 10-24TH AVE. APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 167 22nd Avenue City Apalachicola FL Zip Code 32320

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 JAZMIN A. PAVON HERNANDEZ DATE 9/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DIAZ, ISSAC 10-24TH AVE. APALACHICOLA, FL 32320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PAVON, JAZMIN A. 10-24TH AVE. APALACHICOLA, FL 32320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060713887 10/18/05--01043--007 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JUAN FRANCISCO FORTUNA 375 RD HILLCREST RD, Apt 104 MOBIL, AL 36608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(i), 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: ISSAC DIAZ DATE 9-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR