

2009 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P05000012808

1. Entity Name
GAZA EDJ PAINTING, INC.

Principal Place of Business
**4538 W. KNOX ST
TAMPA, FL 33614**

Mailing Address
**4538 W. KNOX ST
TAMPA, FL 33614**

FILED
09 APR 20 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09
CORRE098 (107)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

**GALVAN, JOSE L
4538 W. KNOX ST
TAMPA, FL 33614**

Name **GALVAN, JOSE L**
Street Address (P.O. Box Number is Not Acceptable)
5716 LINCOLN AVE APT B
City **TAMPA** FL Zip Code **33614**

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/14/09
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 Delete
NAME **P GALVAN, JOSE L**
STREET ADDRESS **5724 N LINCOLN AVE. #D**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Change Addition
NAME **PRESIDENT GALVAN, JOSE L**
STREET ADDRESS **5716 N LINCOLN AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Delete
NAME **T GALVAN, JONATHAN DEDAN**
STREET ADDRESS **5724 N LINCOLN AVE. #D**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S GALVAN, DAN A**
STREET ADDRESS **5724 N LINCOLN AVE. #D**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Change Addition
NAME
STREET ADDRESS **200151471742**
CITY-ST-ZIP **04/21/09--01022--019 **\$600.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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: *Jose L Galvan* **JOSE L GALVAN** 04/14/09 (813) 850-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #