2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000018737

1. Entity Name
FATHER & SON'S PAINTING SERVICE INC.

RECEIVED
07 MAR 13 PM 1:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 732~~ ~~QUINCY, FL 32353~~	~~1021 GRIFFIN STREET~~ TALLAHASSEE, FL 32304

03132007 REINST CR2E098 (1/07)

REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 1438 Gloria Dr	Suite, Apt. #, etc.: SAME
City & State: Tallahassee Flor 32303	City & State
Zip: 32303 Country	Zip Country

4. FEI Number: 11-3742352 ☐ Applied For ☐ Not Applicable

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
BENNETT, LORENZA C ~~1021 GRIFFIN STREET~~ ~~TALLAHASSEE, FL 32304~~	Name Street Address (P.O. Box Number is Not Acceptable): 1438 Gloria Dr City: Tallahassee FL Zip Code: 32303

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: Lorenza C Bennett
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/13/07

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	CEO BENNETT, LORENZA C POST OFFICE BOX 732 QUINCY, FL 32353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRADWELL, KIMBERLY POST OFFICE BOX 732 QUINCY, FL 32353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200093747502 03/19/07--01059--014 **308.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREEN, KEITH POST OFFICE BOX 732 QUINCY, FL 32353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXDS BECKSEAD, AARON 608 EAST IVON ROAD CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

K. Eckel MAR 13 2007

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: Lorenza Bennett 3/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #