

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000018813

Entity Name: ROBINSON PAINTING 707 INC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

6093 WESTFALL ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

486 S.E. STRAIT AVE.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

6093 WESTFALL ROAD
LAKE WORTH, FL 33463

New Mailing Address:

486 S.E. STRAIT AVE.
PORT SAINT LUCIE, FL 34983

FEI Number: 20-2291194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORES, HECTOR R SR
6093 WESTFALL ROAD
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

FLORES, HECTOR R SR
486 S.E. STRAIT AVE
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE: HECTOR R.FLORES

02/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORES, HECTOR R SR
Address: 6093 WESTFALL ROAD
City-St-Zip: LAKE WORTH, FL 33463 US

Title: S () Delete
Name: FLORES, HECTOR R SR
Address: 6093 WESTFALL ROAD
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLORES, HECTOR R SR
Address: 486 S.E. STRAIT AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S (X) Change () Addition
Name: FLORES, HECTOR R SR
Address: 486 S.E. STRAIT AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR R. FLORES

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date