


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000034318		
1. Entity Name NU-LOOK FINISHES, INC.		

Principal Place of Business 6141 DORSET ROAD SPRING HILL, FL 34608	Mailing Address 6141 DORSET ROAD SPRING HILL, FL 34608
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2. Principal Place of Business 12379 Greenwood St. Suite, Apt. #, etc.	3. Mailing Address 12379 Greenwood St. Suite, Apt. #, etc.
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City & State Brooksville Florida	City & State Brooksville, Florida
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Zip 34613	Country Hernando	Zip 34613	Country Hernando
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8. Name and Address of Current Registered Agent CALLAHAN, JAMES E 6141 DORSET ROAD SPRING HILL, FL 34608	
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**REINSTATEMENT** 11/05

4. FEI Number 202447076

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name James E. Callahan Street Address (P.O. Box Number is Not Acceptable) 12379 Greenwood St. City Brooksville FL Zip Code 34613	
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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: James Callahan DATE: 10-16-06

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, JAMES 6141 DORSET ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Callahan James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12379 Greenwood St. Brooksville, Florida 34613
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	300080966353 10/18/06--01057--007 **150.00
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
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: James Callahan DATE: 10/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
06 OCT 18 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

