

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000049737

FILED  
Nov 20, 2007  
Secretary of State

Entity Name: MASTER'S TOUCH PAINTERS OF FLORIDA, INC.

## Current Principal Place of Business:

2550 DUNWOODIE PLACE  
HOMESTEAD, FL 33035

## New Principal Place of Business:

3175 NE 2ND DRIVE  
HOMESTEAD, FL 33033

## Current Mailing Address:

2550 DUNWOODIE PLACE  
HOMESTEAD, FL 33035

## New Mailing Address:

3175 NE 2ND DRIVE  
HOMESTEAD, FL 33033

FEI Number: 20-2688820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POVEDA, KEILIN  
2550 DUNWOODIE PLACE  
HOMESTEAD, FL 33035 US

## Name and Address of New Registered Agent:

POVEDA, KEILIN  
3175 NE 2ND DRIVE  
HOMESTEAD, FL 33033 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: KEILIN POVEDA

11/20/2007

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: POVEDA, KEILIN  
Address: 2550 DUNWOODIE PLACE  
City-St-Zip: HOMESTEAD, FL 33035

Title: V ( ) Delete  
Name: POVEDA, JIMMY  
Address: 2550 DUNWOODIE PLACE  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: POVEDA, JACOB  
Address: 2550 DUNWOODIE PLACE  
City-St-Zip: HOMESTEAD, FL 33035

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POVEDA, KEILIN  
Address: 3175 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: V (X) Change ( ) Addition  
Name: POVEDA, JIMMY  
Address: 3175 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change ( ) Addition  
Name: POVEDA, JACOB  
Address: 3175 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify 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: KEILIN POVEDA

PRES

11/20/2007

Electronic Signature of Signing Officer or Director

Date