

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 27 PH 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12272006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000051285 1. Entity Name FITZ PAINTING & WALLCOVERING INC.					
Principal Place of Business 3927 GATES AVE CHIPLEY, FL 32428			Mailing Address 3927 GATES AVE CHIPLEY, FL 32428		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 696 Shalimar St. Suite, Apt. #, etc.			
City & State Zip Country		City & State PCB, FL Zip Country 32413 Bay		4. FEI Number 14-1956201	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FITZGERALD, STEVEN SR. 3927 GATES AVE CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name STEVEN FITZGERALD SR. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Steven Fitzgerald Sr.</u> <u>President</u> <u>12/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	DP FITZGERALD, STEVEN 3927 GATES AVE CHIPLEY, FL 32428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBYN FITZGERALD 696 Shalimar St. PCB, FL 32413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Foreman JOHN SWIACEKOWSKI 696 Shalimar St. PCB, FL 32413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u>Steven Fitzgerald Sr.</u> <u>12/27/06</u> <u>850-238-4288</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		