## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000066441

Entity Name: H & Z PAINTING, INC.

FILED Oct 17, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2849 MAHOGANY CT 2849 MAHOGANY CT KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 US **Current Mailing Address: New Mailing Address:** 2849 MAHOGANY CT 2849 MAHOGANY CT KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 US FEI Number: 20-2802911 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **GUTIERREZ, HECTOR** GUTIERREZ, HECTOR A 2849 MAHOGANY CT 2849 MAHOĞANY CT KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 US 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 10/17/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST ( ) Delete Title: DPST (X) Change ( ) Addition Name: GUTIERREZ, HECTOR Name: GUTIERREZ, HECTOR A 2849 MAHOGANY CT 2849 MAHOGANY CT Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 US () Delete Title: DPST ( ) Change (X) Addition Title: Name: Name: GUTIERREZ, HECTOR A 2849 MAHOGANY CT Address: Address: KISSIMMEE, FL 34746 US City-St-Zip: City-St-Zip: Title: Title: () Delete DPST ( ) Change (X) Addition GUTIERREZ, HECTOR A Name: Name: 2849 MAHOGANY CT Address Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 US Title: () Delete Title: DPST ( ) Change (X) Addition GUTIERREZ, HECTOR A Name: Name: Address: Address: 2849 MAHOGANY CT City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 US Title: Title: ( ) Change (X) Addition ( ) Delete GUTIERREZ, HECTOR A Name: Name: Address: 2849 MAHOGANY CT Address: KISSIMMEE, FL 34746 US City-St-Zip: City-St-Zip: Title: () Delete Title: **DPST** ( ) Change (X) Addition GUTIERREZ, HECTOR A Name: Name: Address: Address: 2849 MAHOGANY CT City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 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 GUTIERREZ DPST 10/17/2006