## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000070940

Address: City-St-Zip:

NAVARRE, FL 32566

FILED Jun 02, 2007 Secretary of State

Entity Name: TIM GRIFFITHS PAINTING INC. **Current Principal Place of Business: New Principal Place of Business:** 2771 COUNTRYBREEZE BLVD NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 2771 COUNTRYBREEZE BLVD NAVARRE, FL 32566 FEI Number: 20-2842490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK, INC. GRIFFITHS, TIMOTHY P 2771 COUNTRY BREEZE BLVD 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 NAVARRE, FL 32566 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: TIMOTHY GRIFFITHS 06/02/2007 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GRIFFITHS, TIMOTHY Name: Name: 2771 COUNTRYBREEZE BLVD Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: ROBY, JACOB Name: 2771 COUNTRYBREEZE BLVD Address: Address: NAVARRE, FL 32566 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition GRIFFITHS, BETH Name: Name: 2771 COUNTRYBREEZE BLVD Address:

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.

City-St-Zip:

SIGNATURE: TIMOTHY P. GRIFFITHS DP 06/02/2007