

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000074852

1. Entity Name
CARLOS LOZANO CUSTOM PAINTING, INC.



06 OCT 31 2006 9:46

Principal Place of Business 2203 MAPLEWOOD DR. GREENACRES, FL 33415	Mailing Address 2203 MAPLEWOOD DR. GREENACRES, FL 33415
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2. Principal Place of Business <i>1524 Bresee Rd.</i>	3. Mailing Address <i>1524 Bresee Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <i>West Palm Beach, FL</i>	City & State <i>West Palm Beach, FL</i>	4. FEI Number <i>36-4574948</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33415</i>	Country <i>Palm Beach</i>	Zip <i>33415</i>	Country <i>Palm Beach</i>

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

6. Name and Address of Current Registered Agent

LOZANO, CARLOS
2203 MAPLEWOOD DR.
GREENACRES, FL 33415

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1524 Bresee Rd

City *West Palm Beach* FL Zip Code *33415*

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: *Carlos Lozano* DATE: *10/26/06*

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

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LOZANO, CARLOS 2203 MAPLEWOOD DR. GREENACRES, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1524 Bresee Rd</i> <i>West Palm Beach, FL 33415</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081379682 10/31/06--01049--003 **150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Carlos Lozano* DATE: *10/26/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #