2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000075436 FILED JORGE GONZALEZ PAINTING, INC. 08 DEC 30 PM 3: 09 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3223 EAGLE ST 3223 EAGLE ST SARASOTA, FL 34235 SARASOTA, FL 34235 2. Principal Place of Busine 3. Mailing Address Q 7 ther Di Suite, Apf. #, è City & State 4. FEI Number City & State Applied For 20-2953687 Not Applica Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 3223 EAGLE ST SARASOTA, FL 34235 City 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. FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TITLE ☐ Change Addition NAME GONZALEZ, JORGE NAME 000139401010 STREET ADDRESS 3223 EAGLE ST STREET ADDRESS 12/31/08--01055--002 **150.00 SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-7(P TITLE TITLE ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City+ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TATLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

941-791500