

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000075436 1. Entity Name JORGE GONZALEZ PAINTING, INC.	
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FILED
 08 DEC 30 PM 3: 09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3223 EAGLE ST SARASOTA, FL 34235	Mailing Address 3223 EAGLE ST SARASOTA, FL 34235
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2. Principal Place of Business - No P.O. Box # 2755 Heather Rd Suite, Apt. #, etc.	3. Mailing Address 2755 Heather Rd Suite, Apt. #, etc.
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REINSTATEMENT 08
 12042008-00000008 (1/07)

City & State Sarasota FL	City & State Sarasota FL
Zip 34235	Zip 34235
Country USA	Country USA

4. FEI Number 20-2953687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JORGE 3223 EAGLE ST SARASOTA, FL 34235	7. Name and Address of New Registered Agent Name: JORGE GONZALEZ PAINTING Street Address (P.O. Box Number is Not Acceptable): 2755 Heather Rd City: Sarasota FL Zip Code: 34235
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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: Jorge Gonzalez DATE: 12-13-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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	DPST <input type="checkbox"/> Delete GONZALEZ, JORGE 3223 EAGLE ST SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000139401010 12/31/08--01055--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Jorge Gonzalez DATE: 12-13-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-7912020