

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080844

1. Entity Name  
L. B. PAINTING INC.



06 OCT 31 PM 4:20

Principal Place of Business  
5403 THURSTON AVENUE  
LAKE WORTH, FL 33403 US

Mailing Address  
5403 THURSTON AVENUE  
LAKE WORTH, FL 33403 US

2. Principal Place of Business

5937 FOREST HILL BLVD  
Suite, Apt. #, etc.  
206

3. Mailing Address

5937 FOREST HILL BLVD  
Suite, Apt. #, etc.  
206

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

Zip

33415

Country

USA



REINSTATEMENT

4. FEI Number

59-3806688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDASEE, LENFORD  
5403 THURSTON AVENUE  
LAKE WORTH, FL 33403

7. Name and Address of New Registered Agent

Name  
LENFORD BEDASEE

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

5937 FOREST HILL BLVD #206

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 *X Lenford Bedasee*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-06

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 D, P ☐ Delete  
NAME BEDASEE, LENFORD  
STREET ADDRESS 5403 THURSTON AVENUE  
CITY-ST-ZIP LAKE WORTH, FL 33403

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P.S. ☐ Change ☐ Addition  
NAME LENFORD BEDASEE  
STREET ADDRESS 5937 FOREST HILL BLVD #206  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500081370315  
10/31/06--01033--020 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *X L Bedasee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-06  
Date

Daytime Phone #