

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000090104</b> 1. Entity Name <b>RG FINE WOOD FINISHING, INC.</b>						<b>FILED</b> <b>07 AUG 14 AM 8:14</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5185 ROSEN BLVD.</b> <b>BOYNTON BEACH, FL 33437 US</b>				Mailing Address <b>5185 ROSEN BLVD.</b> <b>BOYNTON BEACH, FL 33437 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>43-2086282</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SCHORR, STEPHEN A ESQ.</b> <b>1700 NW 2 AVE</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>LORI ANDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>132 VIA CASINA</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33458</b>			
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 <b>CPA</b> DATE <b>7/18/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P</b> <b>GRAVES, ROBERT W</b> <b>5185 ROSEN BLVD.</b> <b>BOYNTON BEACH, FL 33437</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200107440412</b> <b>08/07/07--01021--025 **300.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GRAVES, TINA</b> <b>5185 ROSEN BLVD.</b> <b>BOYNTON BEACH, FL 33437</b>			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.							
<b>SIGNATURE:</b>				<b>Robert Graves Pres-7/18/07</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			