



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000093327</b> 1. Entity Name <b>CHRISTIE PAINTING &amp; FINISHING, INC.</b>						<b>FILED</b> <b>06 NOV 17 PM 2:48</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5607 MERIDIAN WAY ORLANDO, FL 32808</b>				Mailing Address <b>5607 MERIDIAN WAY ORLANDO, FL 32808</b>			
2. Principal Place of Business <b>6638 MERITMOOR CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>same</b> Suite, Apt. #, etc.					
City & State <b>ORLANDO, FL 32818</b>		City & State <b>ORLANDO, FL 32818</b>		4. FEI Number <b>65-1253780</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32818</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>DEBBY THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6638 MERITMOOR CIR</b> City <b>ORLANDO</b> FL Zip Code <b>32818</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 <u>Debbly Thomas</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11/14/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				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 <b>PSTD CHRISTIE, ROBERT C 5607 MERIDIAN WAY ORLANDO, FL 32808</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <del><b>6638 MERITMOOR CIR ORLANDO, FL 32818</b></del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT DEBBY THOMAS 6638 MERITMOOR CIR ORLANDO, FL 32818</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>600081895 D06</b> <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: <u>Robert Christie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date _____ Daytime Phone # _____							