

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000097812

FILED
Jan 02, 2008
Secretary of State

Entity Name: T.M.I. PAINTING & DRYWALL, INC.

Current Principal Place of Business:

8880 S.W. 32ND TERRACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1178
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 26-0123288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLEY, CONNIE
8880 S.W. 32ND TERRACE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CONNIE FINLEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FINLEY, CONNIE
Address: 8880 S.W. 32ND TERRACE
City-St-Zip: OCALA, FL 34476 US

Title: V.P. () Delete
Name: FINLEY, WILLIAM
Address: 8880 S.W. 32ND TERRACE
City-St-Zip: OCALA, FL 34476 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE FINLEY

PRES

01/02/2008

Electronic Signature of Signing Officer or Director

Date