2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000122186

City-St-Zip:

FILED Sep 28, 2006 Secretary of State

Entity Na	me: JEF PAIN	NTING INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2190 SNO NORTH P	VER AVE. ORT, FL 3428	36 US						
Current Mailing Address:				New Mailing Address:				
	ENDALE AVEN ARLOTTE, FL							
FEI Number	: 20-3342462	FEI Number App	lied For() F	El Number Not Appli	cable ()	Certificate of Status Des	ired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
21314 GLE	R FERREIRA, ENDALE AVEN ARLOTTE, FL	NUE						
	named entity e of Florida.	submits this state	ment for the purp	ose of changing it	s registered o	office or registered ager	ıt, or both,	
SIGNATU	RE: JORGE	ESCOBAR FERR	EIRA					
	Electro	nic Signature of R	egistered Agent			Date		
		3(2)(b), F.S., the co g Trust Fund Contri	•	eive the prior notice) .			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ESCOBAR FEI 21314 GLEND) Delete RREIRA, JORGE ALE AVENUE DTTE, FL 33952 US		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	ESCOBAR FEI 21314 GLEND) Delete RREIRA, JORGE ALE AVENUE DTTE, FL 33952 US		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	ESCOBAR FEI 21314 GLEND) Delete RREIRA, JORGE ALE AVENUE DTTE, FL 33952 US		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address:	() Delete		Title: Name: Address:) Change (X) Addition RREIRA, JORGE ALE AVENUE		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JORGE ESCOBAR FERREIRA Ρ 09/28/2006

PORT CHARLOTTE, FL 33952 US