2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000131610

Entity Name: DOUBLE PAINTING CORPORATION

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2605 FALKENBURG RD 11436 SPRING HILL DR TAMPA, FL 33619 US SPRING HILL, FL 34609 US

Current Mailing Address: New Mailing Address:

2605 FALKENBURG RD 11436 SPRING HILL DR TAMPA, FL 33619 US SPRING HILL, FL 34609 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABARCA, AUDENCIO
2605 FALKENBURG RD
TAMPA, FL 33619 US
ABARCA, AUDENCIO
11436 SPRING HILL DR
SPRING HILL, FL 34609 US

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: AUDENCIO ABARCA 03/07/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ABARCA, AUDENCIO ABARCA, AUDENCIO Name: Name: 2605 FALKENBURG RD 11436 SPRING HILL DR Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: SPRING HILL, FL 34609

Title: O () Delete Title: O (X) Change () Addition

 Name:
 MARTINEZ, JUAN
 Name:
 MARTINEZ, JUAN

 Address:
 1402 WEELER STREET
 Address:
 11436 SPRING HILL DR

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:
 SPRING HILL, FL 34609

Title: O () Delete Title: O (X) Change () Addition

 Name:
 SOSA, ROLANDO
 Name:
 SOSA, ROLANDO

 Address:
 1402 WEELER STREET
 Address:
 11436 SPRING HILL DR

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:
 SPRING HILL, FL 34609

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.

SIGNATURE: AUDENCIO ABARCA P 03/07/2007