

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000151925

1. Entity Name
DECORATIVE INTERIOR PAINTING, INC.



Principal Place of Business

49 LARIAT CIRCLE
BOCA RATON, FL 33487

Mailing Address

49 LARIAT CIRCLE
BOCA RATON, FL 33487

FILED



TALLAHASSEE, FLORIDA
REIN-P CR2E098 (11/05)

2. Principal Place of Business

818 E HARWOOD ST

Suite, Apt. #, etc.

3. Mailing Address

818 E HARWOOD ST

Suite, Apt. #, etc.

11092006

City & State

ORLANDO FL 32803

City & State

ORLANDO FL

4. FEI Number

20-3796890

Applied For

Not Applicable

Zip

32803-5705

Country

USA

Zip

32803-5705

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODDARD, JEFFREY W
49 LARIAT CIRCLE
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

JEFFREY W GODDARD

Street Address (P.O. Box Number is Not Acceptable)

818 E HARWOOD ST

City

ORLANDO

FL

Zip Code

32803-5705

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-10-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GODDARD, JEFFREY W
STREET ADDRESS 49 LARIAT CIRCLE 818 E HARWOOD ST
CITY-ST-ZIP BOCA RATON, FL 33487 ORLANDO FL 32803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 300081879053
STREET ADDRESS 11/16/06--01072--003 **150.00
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-06 361-289-9470