
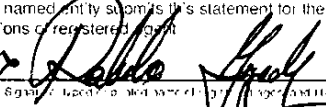
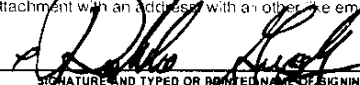


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000166960 1. Entity Name ROBERT PAINTING OF TAMPA INC						FILED 06 OCT 16 2006 7:30	
Principal Place of Business PO BOX 360467 TAMPA, FL 33673 US		Mailing Address PO BOX 360467 TAMPA, FL 33673 US					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FCI Number <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ROBERTO 2722A TAMPA BAY BLVD TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City State Zip Code			
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: 				Date: 10/13/06			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY ST ZIP	P GONZALEZ, ROBERTO PO BOX 360467 TAMPA, FL 33673	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080877459 10/16/06--01045--013 **150.00			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MARTINEZ, JOSE 6800 GUNLOCK NORTH TAMPA, FL 33614	<input checked="" 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	D GONZALEZ, RICARDO PO BOX 360467 TAMPA, FL 33673	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<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 supplementary 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 another, as empowered.							
SIGNATURE: 				Date: 10/13/06			

B. Mitchell OCT 16 2006