## 2008 FOR PROFIT CORPORATION REINSTATEMENT

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DIRTY DEEDS PAINTING INC							)	8 JUH 11 PM 4:19		
						NE WIEL	۷,	8 JUN 1 1 SECRETARY OF STATE SECRETARISEE, FLORIBA ALLAHASSEE, FLORIBA	<b>A</b>	
Principal Place of Business 23 9TH AVE				Mailing Address 23 9TH AVE			1 5	SEURE AHASSEE, FLORIES		
SHALIMAR, FL 32579 US				SHALIMAR, FL 32579 US			1, 1,	ALE !		
A Director China of Bureau, At D.O. Da. a										
Principal Place of Business - No P.O. Box #				Mailing Address						
Suite. Apt. #, etc.			\[ \]	Suite, Apt. #, etc.			06072008	REIN-P CR2E098	(1/07)	
City & State			7	City & State			4. FEI Numb	"4720873	Applied For Not Applicable	
Ziρ	Country		7	Ζip		ntry	5. Certificate		75 Additional Required	
6. Name and Address of Current Re				ered Agent		7. Name and Address of New Registered Agent Name				
FANELLA, NICHOLAS R										
434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547						Street Address (P.O. Box Number is Not Acceptable)				
						<u> </u>	City FL 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 lamillar with, and accept the obligations of registered agent.										
SIGNATURE  Signatury Apple: office agi, comp of registered in your ancit should appeal a lign share required when reinstating)  DATE										
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FILE NOWIII FEE IS \$300.00								In accordance with s. 607,193 corporation did not receive the		
10.	1000	OFFICERS AND	DIREC		11.		ADDITIONS	/CHANGES TO OFFICERS AND DIR		
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12. I hereby certify that the information supplied with this filling 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: Nouis & Bolello 6/7/2008 850-225-4979										
AGRATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Department of the Department of										