

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000055754

1. Entity Name  
JOE'S ARTISTIC PAINTING, INC.



Principal Place of Business  
3108 OAKELLER  
TAMPA, FL 33611 US

Mailing Address  
3108 OAKELLER  
TAMPA, FL 33611 US

2. Principal Place of Business - No P.O. Box #  
3108 OAKELLER  
Suite, Apt. #, etc.

3. Mailing Address  
3108 OAKELLER  
Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State  
TAMPA FL



REINSTATEMENT 07  
0920007 REINP. 0920098 (1/07)

Zip  
33611

Country  
USA

Zip  
33611

Country  
USA

4. FEI Number  
56-2575693

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MCKNIGHT, JOSEPH O JR.  
3108 OAKELLER  
TAMPA, FL 33611

## 7. Name and Address of New Registered Agent

Name  
JOSEPH O MCKNIGHT JR  
Street Address (P.O. Box Number is Not Acceptable)  
3108 OAKELLER  
City  
TAMPA FL Zip Code  
33611

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

*Joseph O McKnight Jr*

(NOTE: Registered Agent signature required when reinstating)

9-22-07  
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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  
NAME  
P MCKNIGHT, JOSEPH O JR. ☐ Delete  
STREET ADDRESS  
3108 OAKELLER  
CITY-ST-ZIP  
TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500109825725  
09/24/07--01047--020 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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

*Joseph O McKnight Jr*

9-22-07

Date

813-789-6351

Daytime Phone #