2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000089117 1. Entity Name BARDEL PAINTING & DECORATING, INC.			B	FILED 07 OCT 22 PM 4: 48
	e of Business HERON BLVD CH, FL 33404	Mailing Address 1520 BLUE HERON BLVD RIVIERA BEACH, FL 33404		JEGALIANY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 1992 Marsh Harbour by 1992 Marsh Harbour by Suite, Apt. #, etc.			arbour dr.	REINSTATEMENT 67
Riviera Beach . Fl. Riviera Beach		Fl.	4. FEI Number Applied For Not Applicable	
33404 Palm Beach 33404 Palm 6. Name and Address of Current Registered Agent			in Beach	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
Name				
BARRIOS, EDGARDO 1520 BLUE HERON BLVD RIVIERA BEACH, FL 33404			Street Address (P.O. Box Number is Not Acceptable)	
RIVIERA	3EACH, FL 33404			
_			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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and talle il applicable. (NOTE: Registered Agent signature required when reinstating) 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 D			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BARRIOS, EDGARDO 1520 BLUE HERON BLVD RIVIERA BEACH, FL 33404		1-SI-ZIP RI	RRIOS, Edgardo Denange Addition Page Marsh Harbour Dr. Viera Beach, Fl. 33404.
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VPD DEL VALLE, YOLIMA 1520 BLUE HERON BLVD RIVIERA BEACH, FL 33404		E. DE ME EET ADDRESS (-ST-ZIP R DE 190	L VALLE, Yolima Brhange Addition 12 Marsh Harbour Dr. viera Beach, F1. 33404.
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	A) 10/0	_	E	□ Change □ Addition 100111278171 18/24/0701009014 ++158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,1,1			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		CIT	ME EET ADDRESS Y-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.				