

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000097669	
1. Entity Name ROLL-IN-ON PAINT SERVICE, INC.	



FILED

08 AUG 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1155 VIRGIL RD. TALLAHASSEE, FL 32301	Mailing Address 1155 VIRGIL RD. TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 245 FULTON HARVEY RD.	3. Mailing Address 245 FULTON HARVEY RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRAWFORDVILLE FL	City & State CRAWFORDVILLE FL
Zip 32327	Zip 32327
Country	Country



08/22/2008 REINSP CRF00000097669

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GEDEON, SCOTT 1155 VIRGIL RD. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name S Street Address (P.O. Box Number is Not Acceptable) 245 FULTON HARVEY RD. City CRAWFORDVILLE FL Zip Code 32327
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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 <i>Scott</i>	DATE 8-21-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEDEON, SCOTT 1155 VIRGIL RD. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	245 FULTON HARVEY RD. CRAWFORDVILLE RD 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500135279605 09/03/08--01007--008 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Scott</i>	DATE 8-21-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>	

AUG 22 2008