

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000032704

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EXOTIC PAINTING & WALLS INC

**Current Principal Place of Business:**

5313 CHOCTAW ST  
ST AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

1016 THOMAS DR #240  
PANAMA CITY BEACH, FL 32408 US

**Current Mailing Address:**

5313 CHOCTAW ST  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

1016 THOMAS DR #240  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 26-2287045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OPP, MELODY  
5313 CHOCTAW ST  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

OPP, MELODY  
1016 THOMAS DR NO 240  
PANAMA CITY BEACH, FL 32408 US

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.

SIGNATURE: MELODY OPP

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OPP, MELODY  
Address: 1016 THOMAS DR NO 240  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP  
Name: CHILDERS, ANGELA D  
Address: PO BOX 20052  
City-St-Zip: PC BEACH, FL 32408

Title: SEC  
Name: FLYNN, COLENE  
Address: 7809 N LAGOON DR SUITE 1  
City-St-Zip: PC BEACH, FL 32408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELODY OPP

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date