

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000040898

**Entity Name:** ALL QUALITY PAINTING, INC.

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4610 ASTRAL STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

4533 HIGHWAY AVE.  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

PO BOX 60833  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 11-3840486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTHREN, JAMIE L  
4610 ASTRAL STREET  
JACKSONVILLE, FL 32205 US

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

COTHREN, JAMIE L  
5340 APPLETON AVE.  
JACKSONVILLE, FL 32210 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: JAMIE COTHREN

11/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: COTHREN, JAMIE L  
Address: 5340 APPLETON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

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: JAMIE COTHREN

PRES

11/02/2011

Electronic Signature of Signing Officer or Director

Date