

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000057473

Entity Name: GW FINISHES INC.

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

609 OAKLAND HEIGHTS
PLANT CITY, FL 33563

New Principal Place of Business:

11300 N FLORIDA AVE.
TAMPA, FL 33612

Current Mailing Address:

609 OAKLAND HEIGHTS
PLANT CITY, FL 33563

New Mailing Address:

11300 N FLORIDA AVE.
TAMPA, FL 33612

FEI Number: 80-0193379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCIACCA, KENNETH L
609 OAKLAND HEIGHTS
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: KENNETH SCIACCA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCIACCA, JONATHAN G
Address: 1451 WALDEN OAK PL
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: SCIACCA, KENNETH L
Address: 609 OAKLAND HEIGHTS
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCIACCA, JONATHAN G
Address: 1514 PLANTATION GROVE COURT
City-St-Zip: PLANT CITY, FL 33566

Title: RA (X) Change () Addition
Name: SCIACCA, KENNETH L
Address: 609 OAKLAND HEIGHTS
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHNATHAN SCIACCA

P

10/20/2009

Electronic Signature of Signing Officer or Director

Date