

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000016303

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PAINT OF JAX INC

**Current Principal Place of Business:**

643 PORTO CRISTO AVE  
SAINT AGUSTINE, FL 32092

**New Principal Place of Business:**

8300 OLD KINGS RD  
APT # 100  
JACKSONVILLE,, FL 32217 US

**Current Mailing Address:**

643 PORTO CRISTO AVE  
SAINT AGUSTINE, FL 32092

**New Mailing Address:**

8300 OLD KINGS RD  
APT # 100  
JACKSONVILLE,, FL 32217 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

LOPEZ ALVARENGA, FRANCISCO J  
643 PORTO CRISTO AVE  
SAINT AGUSTINE, FL 32092 US

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

LOPEZ ALVARENGA, FRANCISCO J  
8300 OLD KINGS RD  
APT # 100  
JACKSONVILLE, FL 32217 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: FRANCISCO LOPEZ ALVARENGA

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOPEZ ALVARENGA, FRANCISCO J  
Address: 8300 OLD KINGS RD APT # 100  
City-St-Zip: JACKSONVILLE, FL 32217 US

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: FRANCISCO LOPEZ ALVARENGA

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date