

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000045704

Entity Name: FLORIDA REPAINT, INC.

**FILED**  
**Apr 01, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

292 SW NIGHTSHADE DRIVE  
LAKE CITY, FL 32024

**New Principal Place of Business:**

575 SW BLAYLOCK CT  
LAKE CITY, FL 32024

**Current Mailing Address:**

292 SW NIGHTSHADE DRIVE  
LAKE CITY, FL 32024

**New Mailing Address:**

575 SW BLAYLOCK CT  
LAKE CITY, FL 32024

FEI Number: 90-0720477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BULOCK, THOMAS J  
292 SW NIGHTSHADE DRIVE  
LAKE CITY, FL 32024 US

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

BULOCK, THOMAS J  
575 SW BLAYLOCK CT  
LAKE CITY, FL 32024 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: THOMAS BULOCK

04/01/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BULOCK, THOMAS J  
Address: 575 SW BLAYLOCK CT  
City-St-Zip: LAKE CITY, FL 32024

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: THOMAS BULOCK

PR

04/01/2013

Electronic Signature of Signing Officer or Director

Date