

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000029413 1. Entity Name LT PAINTING SERVICE INCORPORATED						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">06 JAN 17 AM 10:09</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 0.8em;">T. Roberts JAN 20 2006</div>			
Principal Place of Business 4017 W OSBORNE #3 TAMPA, FL 33614				Mailing Address PO BOX 15498 TAMPA, FL 33684					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				01052006 REIN-P CR2E098 (11/05)	
City & State				City & State				4. FEI Number 59-3242543	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPPELSON, LAURA 10020 STRAFFORD OAK COURT APT. 912 TAMPA, FL 33624						7. Name and Address of New Registered Agent Name Epperson, Laura Street Address (P.O. Box Number is Not Acceptable) 1920 E Clinton Street City Tampa FL Zip Code 33610			
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: <u><i>Laura Epperson Pres</i></u> Laura Epperson <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$900.00					7000064507157 01/25/06--01030--002 **908.75				
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPPELSON, LAURA <input type="checkbox"/> Delete 10020 STRAFFORD OAK COURT, APT. 912 TAMPA, FL 33624				TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Epperson, Laura 1920 E Clinton Street Tampa, FL 33610 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Colegate, Terry 10001 N. 20th Street Tampa, FL 33604			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u><i>Laura Epperson Pres</i></u> <u>1/6/06</u> <u>813-878-2118</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									