2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000071765  1. Entity Name ROCK HARBOR PAINT & WALLPAPER, INC.			05 F	FILED EB 22 PH 5: 05
99551 OVERSEAS HIGHWAY 995	OVERSEAS HIGHWAY 99551-OVERSEAS HIGHWAY		TALLA	ETARY OF STATE! HASSEE, FLORIDA
Suite, Apt. #, etc. Suit	iling Address 870 OVEYSCA te, Apr. #, etc.	s Hwy		
Key largo, HI Ke	24 Largo, Fl Cour 0037 Cour ed Agent	niry Ianroe	<ol> <li>FEI Number 65-0777778</li> <li>Certificate of Status Desired</li> <li>Name and Address of New R</li> </ol>	Applied For   Not Applicable   S8.75 Additional   Fee Required   Registered Agent   Segistered Agent   Segistered   Segistered Agent   Segistered   Segistered
SHERRILL—SANDRA JO STEFFILL  STEET ACTUSES LE OVERSEAS HISHWAY  KEY LARGO EL 33037				
	City Gity FL 35000			
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.  Significantly 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.  Significant in the State of Florida. I am familiar with, and accept the obligations of registered agent.  (NOTE: legistered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				
10. OFFICERS AND DIRECTO			ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·
NAME SHERRILL, SANDRA JO STREET ADDRESS CITY-SI-ZIP KEY LARGO, FL 33037	10	MEREET ADDRESS \ \ OZ	2870 Overseas Leylargo Fl 330	J
TITLE VP NAME SHERRILL, SIMON L STREET ADDRESS SHERRILL, SIMON L STREET ADDRESS SHERRICHWAY CITY-ST-ZIP KEY LARGO, FL 33037	V .	LE ME	2870 Overseus	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			ASTATERCE DE	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			V	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplierhental 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: 25/05 0077  SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date  Date				