1002

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000084046 1. Entity Name FLYING COLORS PAINTING, INC.								FILED 04 OCT -8 PM 3: 20						
218 E. EAU GALLIE BLVD				Mailing Address 370 E. RIVERA BLVD INDIALANTIC, FL 32903 US					SECR TALLA	ETAR HASSI	O PH	3: 20 ATE ORIO I		
2. Principal Place of Business				3. Mailing Address										
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				10042004	REIN-I	-	CR2E	098 (6/04)		_	
City & Stat	е	City & State					4. FEI Numb 65-078			- \ 	 	oplied For ot Applicable		
Zip 	Country			Zip Coun				5. Certificate				\$8.75 Add Fee Require		
<u> </u>	6. Name	Agent	•	Name		7. Name and	Address o	f New Re	gistered /	Agent		1		
JENNINGS, THOMAS 370 E. RIVIERA BLVD INDIALATIC, FL 32903						Street Address (P.O. Box Number is Not A					Acceptable)			
The above named entity submits this statement for the purpose of changing its relationship.						City		FL Zip Code						-
	named entity tions of registe		or the purpos	se of changing its	registeri	ed office or	register	ed agent, or bo	th, in the St	ate of Flor	ida. Iam	tamiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if expolicable. (NOTE: Registered Agent signature required when reinstarting) DATE														
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00												7.193(2)(b), re the prior (
10.	T	OFFICERS AND	DIRECTOR		11.			ADDITIONS,	CHANGES	TO OFFIC	ERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete JENNINGS, THOMAS M 370 E. RIVERA BLVD. INDIATLANTIC, FL 32903					e Ie ±1 adoress '-st-zip		4 (10/08	DDD 4 8/04(417 01017-	'04: 021	□ Change 824 **158	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete STRANEY, RICHARD 370 E. RIVERA BLVD. INDIATLANTIC, FL 32903					E IE EET ADORESS -ST-ZIP						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGES, 89 NW-IRV			Delete	~	i	7 Je	nning 10-E-1	ST	hom	195	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS 370 E. RIV	S, MARY ANN ERA BLVD. NTIC, FL 32903		☐ Delete	TITE! NAM STRE	E	<u> </u>	<u> </u>	Inte	<i> 7 (</i>	<u> 3</u> 2	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition	
Title Name Street address City-St-ZIP				☐ Delete								Change	☐ Addition	
of the cor	rporation or th	information supplied with or supplemental report is a receiver or trustee emp chinent with an address,	owered to e	xecute this report	as requi	mption stat ture shall ha red by Cha	ed in Se ave the s opter 607	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida S ot as if made es; and that	tatutes. I fe under oa my name	urther cer ith; that I a appears i	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if	
SIGNATURE: SIGNATURE: SIGNATURE OF PROVIDED VALUE OF PROVIDED VALU													5	
		/ -	X											J

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To Whom It May Concern:

Please accept my renewal application and check for my corporation. I am aware that it's late but I was hospitalized in July and sustained damage by the hurricanes that hit in August and September. I am doing my best to catch up on my business obligations as I get my personal life under control.

Thank, you

Thomas Jennings

President