

2007 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P98000098030
 1. Entity Name
G.E. MEDEROS CUSTOM PAINTING, INC.



FILED

07 NOV 21 AM 11:36

Principal Place of Business
**130 24TH AVE., N.E.
 NAPLES, FL 34120**

Mailing Address
**130 24TH AVE., N.E.
 NAPLES, FL 34120**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



City & State
 Zip Country

4. FEI Number
59-3542153

5. Certificate of Status Desired Applied For Not Applicable

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

**MEDEROS, ELIZABETH A
 130 24TH AVE., N.E.
 NAPLES, FL 34120**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Elizabeth Mederos* 11/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
 After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEDEROS, GILBERTO R 130 24TH AVE., N.E. NAPLES, FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MEDEROS, ELIZABETH A 130 24TH AVE., N.E. NAPLES, FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000112507760 11/21/07--01033--004 **150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Elizabeth Mederos* 11/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

329-455-1635

11/15/07

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To Florida Department of State,

U. Elizabeth Mederos never received
a statement for Division of Corporations.

I was in hospital for long term
illness,

After coming home I received this
letter for \$750.00

I called and spoke to Mr. Ross about
this, since I didn't receive a statement
he said the total was \$150.00, so

here is the check # 30917

M. E. Mederos Custom Painting