PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS				FILED 04 FEB -4 PM I2: 36 SECRETARY OF STATE					
DOCUMENT # P00000035801 1. Corporation Name								1	TALLAHA	SSEE	"FLÖRII	ĎΑ
LUIS	A. SI	ERRA PAINTIN	IG, INC.						•			
2. Princi	ipal Office Ad	ldress	3. Mailing Office Address				energy and the	IST.	AIG		1	03-04
							i (ilizatti)		Carl Cont	H liles:	_1227 }	
5751 SOUTHWEST 59 PLACE Suite, Apt. #, etc.			5751 SOUTHWEST 59 PLACE Suite, Apt. #, etc.									
	, 0.0.		Suite, Apt. #, etc.				4. Date Incorporated or Qualified					
City & Stat	te		City & State				To Do Business in Florida 04/07/2000					
MIAMI, FL			·				5. FEI Number Applied For					
Zip Country			MIAMI, F	ㅁ	Country		65-0999	9374			Not Applicable	
33143	}	USA	33143	Ì	USA		6. CERTIFICATE	OF STATUS	DESIRED] \$8.7	75 Addition	nal Fee required te of Status
30113	<u> </u>	0011		nd Ad	dress of Curre	at Pagista	rad Agent			<u> </u>		1
8. I; bein Signature o Registered	Street Add 5751 Suite, Apt. City MIAMI	the registered agent of the	9 PLACE	'n		n and accep	ot the obligations	State FL of section Date		3 or 617.05	503, F.S.	CR2E081 (9/01)
9. Name	s and Street	Addresses of Each Officer	and/or Director (Flor	rida no	enprofit corporat	ions must l	ist at least 3 dire	ctors)				
Titles	عه ٠٠٠ د	Name of Officers and/or Directors		<u></u>	Street Addr Officer and			 .	^ ~ Cit	y / State	<i>l</i> ·Zip≁ -	
P	SIERR	A, LUIS A.	57	751_	SOUTHWE	ST 59	PLACE	MIAI	MI, F	L 3	3143	
							4 D 02/04/	002 '040	2 81)1010	730 004	184 ** 30 0). 🕪
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.												
SIGNATURE: PALLOS (MESSA LOIS A. SIEVRA D1-22-04 2305-479-3146 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												

LUIS A. SIERRA PAINTING, INC. 5751 SOUTHWEST 59 PLACE MIAMI, FL 33143

January 15, 2004

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER:

LUIS A. SIERRA PAINTING, INC.

DOC. NO.:

P00000035801

FORM:

APPLICATION FOR REINSTATEMENT

PERIOD:

2003

Gentlemen / Mesdames:

I am writing to you regarding the penalties imposed as a result of the late filling of the 2003 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2003 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as "5751 Southwest 59 Place, Miami, FL 33143".

In light of the above facts, I respectfully request the abatement of any penalties being assessed. Enclosed please find a check for \$300.00 for the 2003 and 2004 Annual Business Report.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Luis A. Sierra, President

Enclosures