

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 82418

1. Corporation Name

SCHERRER PAINTING CONTRACTORS, INC.

2. Principal Office Address

1108 E. NEWPORT CTR DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1108 E. NEWPORT CTR DR.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BCH, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

8-20-2001

5. FEI Number

65-1130331

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONILDO SCHERRER

Street Address (P.O. Box Number is Not Acceptable)

1108 E NEWPORT CENTER DRIVE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

PRES.

REGISTERED AGENT MUST SIGN

Date 11-4-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	RONILDO SCHERRER	1108 E. NEWPORT CTR DR. DEERFIELD BCH, FL	DEERFIELD BCH, FL 33442

200008943192
11/12/02-01126-007 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

11-4-02 561-756-1341

Date Daytime Phone #

November 4, 2002

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302

RE: Scherrer Painting Contractors, Inc.
Doc # P01000082418

Dear Sir or Madam:

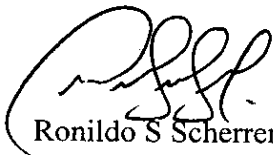
Enclosed please find our 2002 Corporate Annual Report along with our check for \$158.75. We have no record of having received any correspondence from your office regarding this form. We were originally incorporated at a different address. This would be the first time we would have had to file this form from our current address and had we received it we would have surely sent it in right away.

Per instructions from your office we received the blank form enclosed and are immediately remitting it with payment. We are a small family owned corporation and are compliant with the IRS and Florida Department of Revenue in regards to all tax filings and payments.

We understand the need to have enforcement and compliance penalties, but feel that it is not warranted in this case. Such an added penalty would be an unbearable burden to this company as our business supports the owner's family and can not afford large unexpected expenses such as this.

We appreciate your kind assistance in this regard and you have our assurances that we are now aware of the state's filing procedures.

Sincerely,



Ronildo S Scherrer, President.