1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000126122

1. Entity Name
AB PAINTING, INC.

FILED
2008 NOV -4 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
703 GARDENS DRIVE APT. 102 POMPANO BEACH, FL 33069	703 GARDENS DR. APT. 102 POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10282008 REIN-P CR2E098 (1/07)

REINSTATEMENT

4. FEI Number 65-1167730 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUENO, ALEXANDER 425 S.W. 1ST ST. #105 POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) 703 GARDENS DR #102 City POMPANO BEACH FL Zip Code 33069

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 [signature] ALEXANDER BUENO 2/7/08
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, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BUENO, ALEXANDER 703 GARDENS DR., APT. 102 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800137601548 11/04/08--01008--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] ALEXANDER BUENO 954-325-8783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 4 2008

October 30 2008

Dear Florida Department of State.

On the twenty eight day in the fourth month of 2008, AB Painting attempted to pay online for my 2008 annual report. On October 27, 2008.

I received notice by mail informing AB Painting owed an additional $550.00 as a late fee. I am writing this letter to plead with the state to waive the fee plus pay the original amount owed. I apologize for the non payment but was unaware this transaction failed to clear until now. I fully intend on settling this debt.

Thank you AB Painting
Phone 954 325-8783

OR Abel Bueno