PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 16 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300099249183
04/30/07--01001--026 **600.00

REINSTATEMENT 04-07

CR2E081 (1/07)

DOCUMENT # P 03000012531

1. Corporation Name

Imagine Decorative Painting, Inc.

W07-16411

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
485 NE 86 Street		same as #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami	Florida		
Zip	Country	Zip	Country
33138	USA		

4. Date Incorporated or Qualified To Do Business in Florida 02/03/2003

5. FEI Number 43 1995532 ☐ 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: Marylynda Macdonald

Street Address (P.O. Box Number is Not Acceptable): 485 NE 86 Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33138

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X [signature] Date 03/29/2007

REGISTERED AGENT MUST SIGN

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
P D	Marylynda Macdonald	485 NE 86 Street Miami FL 33138	Miami FL 33138

JC 4/18

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 contained in Chapter 119, 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: X [signature] 3/29/2007 786 553 3868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #