

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 2: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000093194

1. Corporation Name

Zeepainting, Inc.

2. Principal Office Address

9521 NW 17th Avenue

Suite, Apt. #, etc.

City & State

Miami

Zip
33147

Country
USA

3. Mailing Office Address

401 NE 84th Street

Suite, Apt. #, etc.

City & State

Miami

Zip
33138

Country
USA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/21/2003

5. FEI Number 90-0132099

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
Zane R. Thompson

Street Address (P.O. Box Number is Not Acceptable)
401 NE 84th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33138

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 Zane Thompson
REGISTERED AGENT MUST SIGN

Date 11/9/2006

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
President	Zane R. Thompson	401 NE 84th Street	Miami, FL 33138
	<i>[Signature]</i>		

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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 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: Zane Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/2006
Date

305-751-4617
Daytime Phone #