PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 11/29/11

REINSTATEMENT 11

CR2E081 (11/~~10~~)

DOCUMENT # P09000027390

Corporation Name

M J Painting, Inc

Principal Office Address - No P.O. Box #	3. Mailing Office Address
11307 Zimmerman Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL	City & State
Zip: 34668 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/2009

5. FEI Number: 26-4538181 ☐ 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: Andre Nolasco

Street Address (P.O. Box Number is Not Acceptable): 11307 Zimmerman Rd

Suite, Apt. #, Etc.

City: Port Richey | State: FL | Zip Code: 34668

70021295418?
11/28/11--01060--005 **600.00

70021295418?
10/05/11--01024--003 **150.00

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 _____ Date 10-3-11

REGISTERED AGENT MUST SIGN

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	Andre Nolasco	11307 Zimmerman Rd	Port Richey, FL 34668

E-mail Address: saryliz@atitaxes.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X _____ 10-3-11

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