

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 20 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137071987
10/20/08--01045--013 **300.00

REINSTATEMENT 07-08
CR2E087 (10/08)

DOCUMENT # P02000042657
1. Corporation Name
ART DECO PAINTING OF MIAMI INC

| | |
|---|---|
| 2. Principal Office Address - No P.O. Box # 5145 SW 140TH PLACE | 3. Mailing Office Address 5145 SW 140TH PLACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---------------------------------|------------------------|---------------------------------|------------------------|
| City & State MIAMI FL | | City & State MIAMI FL | |
| Zip 33175 | Country DADE | Zip 33175 | Country DADE |

4. Date Incorporated or Qualified To Do Business in Florida

| | |
|------------------------------------|----------------|
| 5. FEI Number 02-0589383 | 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
ROBERTO VALDES

Street Address (P.O. Box Number is Not Acceptable)
5145 SW 140TH PLACE

Suite, Apt. #, Etc.

| | | |
|----------------------|--------------------|--------------------------|
| City MIAMI | State FL | Zip Code 33175 |
|----------------------|--------------------|--------------------------|

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 *Roberto Valdes* Date 10/14/08

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 | ROBERTO VALDES | 5145 SW 140TH PLACE | MIAMI FL 33175 |
| | | | |
| | | | |
| | | | |

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: *Roberto Valdes* 10-14-08 *(305) 552-9175*

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

10/20/08
RM