

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 29 2005 11:28

SECRET TALLAHASSEE

DOCUMENT # 688133

1. Entity Name
HERNANDEZ AND FARACO PAINT AND BODY, INC.

Principal Place of Business: **6715 SW 8 STREET MIAMI, FL 33144**

Mailing Address: **6715 SW 8 STREET MIAMI, FL 33144**

2. Principal Place of Business: **Suite, Apt. #, etc.**

3. Mailing Address: **Suite, Apt. #, etc.**

City & State: **City & State**

Zip: **Country**



REINSTATEMENT 2005

4. FEI Number: **59-6610193** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARACO, CARLOS
11295 S.W. 32 STREET
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: **FL** Zip Code: _____

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: Carlos Faraco (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP <input type="checkbox"/> Delete	NAME: FARACO, CARLOS	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 4651 W FLAGLER ST	CITY-ST-ZIP: MIAMI, FL 0.	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

300061744343
11/29/05--01012--027 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: Carlos Faraco DATE: _____ DAY: _____