PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ALE INSTRUCTIONS BEFORE	at an	
		O? FILED	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	03 APR 14 AM 8: 07	
	DIVISION OF CORPORATIONS		
DOCUMENT# 00000031735		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT# 1000003(735		LOMUA	
B&B Painting and Wollcovering II.			
B& B tainting of E	3	·	
		1	,
<u> </u>	·	_1	
2. Principal Office Address	3. Mailing Office Address	• *	
2662 NW 9/st AUP.	Suite, Apt. #, etc.	-	
Suite, Apt. #, etc.	1	4. Date Incorporated or Qualified	
City & State	City & State	To Do Business in Florida	•
	SAME	5. FEI Number	Applied For
Coral SPRINGS, FI- Zip Country 33065 BROWARD	Zip Country	6	Not Applicable
33065 BROWARD.	SAME	CEDTIFICATE OF STATI IS DESIDED 30.13 AUDIT	ional Fee required ificate of Status
7. Name and Address of Current Registered Agent			
Name 2 2 1 1 1 1 2 2 2 2 1 2 2 2 2 2 2 2 2			
BRIAN J. BURNHAM JR. Street Address (P.O. Box Number is Not Acceptable)			
Street Address (P.O. Box Number is Not Acceptable) 2662 NW 9/St AVE. Suite, Apt. #, Etc.			
Suite, Apt. #, Etc.			
City + CODD + A COD	· .	State Zip Code	
Coral SPRINGS FL 33065			
8. I, being appointed the segistered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Date 4-03-03			
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 Eac Officer and/or Directo	or City / State / Zip	
D Bright Division	- Oldo 2 NW91 A	Je O colono on 5	1 004.0
D Biani Burnha	multiple	Courting t	1320a
D Erical Burnh	am DIdos NIO 91 AVE	e Coral bornos F	L33NF
	· · · · · · · · · · · · · · · · · · ·		
	·	3	. [
1	† '	·	- 1
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 filling			
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 under section 119.07(3)(i), F.S. The information indicated			
on this application is true and accurate, and my signature shall have the came legal effect as if made under oath.			
SIGNATURE: Burnt Burntam & 48-03-03 (954) 445-1074			
SIGNATURE: DAVID DAVID DAVID DAVID Phone #			

grulis :