2006 FOR PROFIT CORPORATION REINSTATEMENT

T		REINST	ATEMENT		·						
DOCUMENT # P00000076662								Sit DIVISIO			
1. Entity Nar					UIVISIU).						
A P C PAINTING CORPORATION						列		06 OCT 3	RT 7014	11:22	
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Principal Place of Business Mailing Address					······································					_	
5685 E. 2 AVE			5685 E. 2 AVE			ייבין	173 7 83 E C	TATEM	CMI	Ol	0
HIALEAH, FL 33013			HIALEAH, FL 33013			1		F 1-4 11 87 84 8	Fall A		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite Ant # etc	Suite, Apt. #, etc.							
							10252006	REIN-P	CR2E0	98 (11/05)	
City & State			City & State				4. FEI Numbe	_		<u> </u>	oplied For
Zip	Zip Country		Zip Coun		ntry		65-103	5/60			ot Applicable
,	,					5. Cert		of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent Name Oo								Address of New R	egistered /	lgent	
PAMAYO.	CARLOS	DUENO	m	Ayo, C	ARLOS D	UEN	り				
6703 INWOOD AVENUE						ss (F	P.O. Box Numbe	er is Not Acceptable	e)	··· -	
NORTH LAUDERDALE, FL 33068								M IT	11/2007		
					City 1	5685EZ					
P The above	named anti-	u auborita this statement			111	<u> 7C</u>	EAH		FL	3	3013
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 Y											
SIGNATURE Signature_typed or printed name of reconstruction and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
i e		07, Fee will be \$300	0.00				İ	corporation did	vith s. 607. not receive	.193(2)(b), e the prior :	F.S., the notice.
10.		OFFICERS AN	ID DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI	ICEDS AND	DIRECTOR	CINIAA
TITLE	PD		Delete	TITL	E						Addition
NAME	1	CARLOS DUENO		NAM	E		(0//31	708-01037	17.1	*+150.	
STREET ADDRESS CITY-ST-ZIP	5685 E. 2	AVE. , FL 33013			ET ADDRESS -ST-ZIP						
TITLE	1	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITU						☐ Change	Addition
NAME				NAM						□ onange	Addition
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	-			-	-ST-ZIP				_		_ <u>_</u>
TITLE NAME			☐ Delete	TITU	l l) Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
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NAME STREET ADDRESS				MAM STRE	ET ADDRESS						
CITY-ST-ZIP	į				-ST-ZIP						
TITLE			☐ Delete	TITLE						Change	Addition
NAME STREET ADORGOS				NAM						-	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
12. Thereby o	t certify that the	e information supplied w	ith this filing does not qualify for	r the exe	emptions contain	ned	in Chapter 119.	Florida Statutes. I t	further certif	y that the ir	nformation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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: SIGNATURE: 10/25/06 (786) 299-7094											
		SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR			Date	De	lytime Phone #	