

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

FILED

Apr 26, 2002 8:00 A.M.  
Secretary of State

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P00000089320**

1. Corporation Name

**PAINTING EXPRESS CENTER, INC.**

2. Principal Office Address

**7859 W. 36TH AVENUE**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**101**

Suite, Apt. #, etc.

City & State

**HIALEAH, FL.**

City & State

Zip

**33018**

Country

**DADE**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-20-00**

5. FEI Number

**65-1040970**

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

**EDGARD A. VILLANUEVA**

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

**7859 WEST 36TH AVENUE**

Suite, Apt. #, Etc.

**101**

City

**HIALEAH**

State

**FL**

Zip Code

**33018**

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

REGISTERED AGENT MUST SIGN

Date **4-25-02**

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	EDGARD A. VILLANUEVA	7859 W. 36TH AVE. #101	HIALEAH, FL. 33018

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

Date

Daytime Phone #

**(786) 251-8696**

CR2E081 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089320

1. Entity Name

**PAINTING EXPRESS CENTER, INC.**

Principal Place of Business

Mailing Address

**7859 WEST 36TH AVENUE #101  
HIALEAH, FL. 33018**

2. Principal Place of Business

**7859 WEST 36TH AVENUE**

Suite, Apt. #, etc.

**101**

City & State

**HIALEAH, FL.**

Zip

**33018**

Country

**DADE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1040970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EDGARD A. VILLANUEVA  
7859 WEST 36TH AVENUE #101  
HIALEAH, FL. 33018**

7. Name and Address of New Registered Agent

Name

**SAME**

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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when renewing)

**4-25-02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE MONTHLY FEE IS \$150.00**

**AFTER MAY 1, 2001 Fee will be \$450.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P-** ☐ Delete  
NAME **EDGARD A. VILLANUEVA**  
STREET ADDRESS **7859 W. 36TH AVENUE #101**  
CITY-ST-ZIP **HIALEAH, FL. 33018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02 (786) 251-8696**

Over

Excess Phone #

CR2E034 (11/00)

April 25<sup>th</sup>, 2002.

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris, Secretary of State.**  
**Division of Corporation**  
**P.O. Box 6327 Tallahassee, FL 32314.**

**Re: Corporate Annual Fee # P00000089320**

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment year 2001 and 2002 of **PAINTING EXPRESS CENTER, INC a Florida Corporation.**

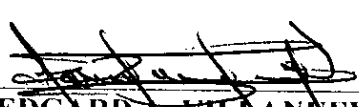
I have omitting to paid Annual Fee Corporation because I moved from my original home address and never receipt 2001 and 2002 UNIFORM BUSINESS REPORT from FLORIDA DEPARTMENT OF STATE, for annual fee about this Corporation, may be was wrong mail because I have moved, this is my first Own Business and I have not any experience about this requirement by law of Florida State, I need to keep this corporation with my business license.

I m requesting said exemption because my business is on difficult economic situation to and need this help and comprehension to me in this time for my corporation, I will appreciate. I have attached **reinstatement application.**

I have added too payment of annual fee for \$300.00 for 2001 and 2002.

Should you have any question regarding this reinstatement, please call me at telephone number (786) 251-8696. New address: 7859 West 36<sup>th</sup> Avenue # 101 Hialeah FL 33018.

**PAINTING EXPRESS CENTER, INC**

  
**EDGARD A. VILLANUEVA**  
President