PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

FILED

## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P00000089320

1. Corporation Name

<b>FILED</b>			
Apr 26,	2002	8:00	A.N
Secreta			

	PAINTING	EXPRESS	CENTER, INC.			
					0000054: -05/09/0, ****300,	93170 201003020
2. Principal Off	ice Address	3. Mailing Office	ce Address		****300	_ 01003—#650 L 01003—020
7859 W	. 36TH AVENUE	SAME			~ ~ ~ ·	.00
Suite, Apt. #, etc	),	Suite, Apt. #, etc	<del></del>			
	<b>10</b> 1			4. Date Inco	rporated or Qualified	
City & State		City & State		To Do Bu		20-00
HIALEA	H, FL.			5. FEI Numb	oer 65-1040970	Applied For
Zip	Country	Zip	Country	6.		Not Applicable
33018	DADE			CERTIFICA	TE OF STATUS DESIRED 🔲 👫	.75 Additional Fee require for a Certificate of Status
		7. Nan	ne and Address of Current Rec	Istered Agent		
	•		359 WEST 36TH	AVENUE	State Zip Code	
	HIALEAH				FL 330	018
	inted the registered agent of the abo	ove named corporati	on, am familiar with and accept t	he obligations of sect	ion 607.0505 or 617.0503, F.S	3.
Signature of Registered Agent	t				Date 4-25-0	02
	R	EGISTERED AGEN	T MUST SIGN		Oak	
9. Names and S	Street Addresses of Each Officer an	d/or Director (Florida	nonprofit corporations must list	at least 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Officer and/or Dir	Each	City / Sta	ate / Zip
P ED	GARD A. VILLANU	JEVA 78	359 W. 36TH AV	Æ. #101	HIALEAH, FI	L. 33018
					<del>                                     </del>	

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 TIPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(786) ZSI-8696

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DOCUI	MENT # P00000089:	320		``		
	PAINTING 1	EXPRESS CENTE	R, INC.			
Principal Place	e of Business	Mailing Address				
	7859 WEST HIALEAH, I	36TH AVENUE L. 33018	#101			
	ace of Business WEST 36TH AVENUE	3. Mailing Address	ME			
Suite, Apt. i		Suite, Apt. #, etc.		DO NOT WRITE IN TH	IIS SPACE	
City & State	HIALEAH, FL.	City & State		4. FEI Number 65-1040970		oplied For of Applicable
Zip 330	Country DADE	Zip	Country	#. Certificate of Status Desired	\$8.75 Add	ditionel
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registers	ed Agent	
	A. VILLANUEVA EST 36TH AVENUE #	<b>‡101</b>	S	AME 388 (P.O. Box Number is Not Acceptable)	······································	
HIALEA	H, FL. 33018					
			City		L Zip Cod	е
6. The above i	named entity submits this statement for	the purpose of changing its r	registered office or reg	istered agent, or both, in the State of Florida.		
SIGNATURE 2	the transfer			4-25-0	2	
width the second	Signature, incord of protein thems of registered agent to	o tive i applicable. (NOTE:	Registered Agent signers no		<del>~~~~~</del>	
9. This corpor	ration is eligible to satisfy its Intangible iquirement and elects to do so.	FILE NOW!! After MAY 1, 200	Pegeorad Agent screen recommend to the Sanda agent the Sanda agent to	pulsed when remaining) pain  10. Election Campaign Financing	<b>\$5.0</b>	O May Be to Fees
9. This corpor Tex filing re	ration is eligible to satisfy its Intangible opvious and and elects to do so.	File niCWH After MAY 1, 200 Make Chack Payabi	FEE 15 \$150.00   Foo will be \$550.	pulsed when remaining) pain  10. Election Campaign Financing	S \$5.0 Added	to Fees
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indicated on this report or supplemental report is true and accurate such that my signature shall have the same legal effect as it 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SE OF SHOUNG OFFICER ON DISECTOR

4-25-02

April 25th, 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.

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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> Ayenue # 101 Hialeah FL 33018.

PAINTING EXPRESS CENTER, INC

GARD<del>A. V</del>ILDANÇEVA

President