PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zin Country Zin Country	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	APPROVEL AND FILED 103 MAY -6 AM 2: 35	
2. Principal Office Address 7285 Navitica way 7386 City & State 7285 Navitica way 7485 Name and Address of Current Registered Agent 75. Fight Number 76. CERTIFICATE OF STATUS DESIRED 1886 Constitution of State Carrent Registered Agent 77. Name and Address of Current Registered Agent 78. State Address (P.G. Box Number is Not Acceptable) 77. Name appointed way 78. State Way 79. State Way 79. State Way 79. Name and Street Addresses of Each Officer and/or Director (Fortida nonprofit corporations must list at least 3 directors) 79. Name and Street Addresses of Each Officer and/or Director (Fortida nonprofit corporations must list at least 3 directors) 79. Name and Street Addresses of Each Officer and/or Directors 70. Street Addresses of Each Officer and/or Directors 70. Street Addresses of Each Officer and/or Directors 71. Name and Street Addresses of Each Officer and/or Directors 71. Name and Street Addresses of Each Officer and/or Directors 71. Name and Street Addresses of Each Officer and/or Directors 71. Name and Street Addresses of Each Officer and/or Directors 71. Name and Street Addresses of Each Officer and/or Directors 72. State Way 73. Name of Officers and/or Directors 74. Each Way 75. State Way 76. Cartify inat I am apositive or directors 76. Fight Name 77. Name of Officers and/or Directors 77. Name of Officers and/or Directors 78. State Way 78. State Way 79. La Heart 3 directors 79. State Way 79. La Heart 3 directors 79. State Way 79. St	DOCUMENT # PODODO 101314 1. Corporation Name Nice Color Home Improvements The Professional Inc.		400018304924	
Take worth Lake worth Sp. FEI Number GS - 1055404 Not Applied For Not Appli	7785 nautica wax	7285 noutica wax Suite, Apt. #, etc.	05/06/0301/096022 **317.50 2002-2003 UBP 4. Date Incorporated or Qualified	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc. City La TL City As 1, being appointed thangeners applicable 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 Mary - 1.4 - 0.3 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Addresses of Each Officer and/or Directors City / State / Zip City / State / Zip Amen of Officers and/or Directors City / State / Zip La Tre Lucol th 53465	Late worth.	Lake worth	5. FEI Number Applied For Not Applicable	
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Titles Name of Officers and/or Directors Officer and/or Director City / State / Zip Titles Officers and/or Directors Officer and/or Director City / State / Zip Titles Officers and/or Directors Officer and/or Director Titles Officers and/or Directors Titles Officers and/or Director Titles Off	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 Date Date			
P. Henry Orlando Capada 7285 nautica way Latre worth 3346. 10. I certify that I am apolither or directorare beceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
10. I certify that I am ap officer or director or the faceiver 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 provided for the face of formal of the corporate name satisfies the requirements of section 607 0401 or 617 0401. F.S. that all faces	Officers and/or Directors	Officer and/or Director	Oity / State / Zip	
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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: Date Date Daytime Phone #				