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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 16 AM 8:00

DOCUMENT # p01000006189

**1. Corporation Name**

TROPICAL COLORS PAINTING, INC.

300037635283  
06/03/04--01054--009 \*\*308.75

**2. Principal Office Address**

4733 NW 6th AVE

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

**3. Mailing Office Address**

4733 NW 6th AVE

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01/17/2001

**5. FEI Number**

65-1066723

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

JULIANA AQUILINO

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

3961 N. Fed Hwy

Suite, Apt. #, Etc.

City

Pompano

State  
FL

Zip Code

33064

**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

*[Signature]*

Date

05/06/04

**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
PST	Fabio Ferreira Filho	4733 NW 6th AVE	Pompano Beach FL 33064

**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

*[Signature]*

Date

05/06/04

Daytime Phone #

(954) 445-6068

CR2E081 (01/04)

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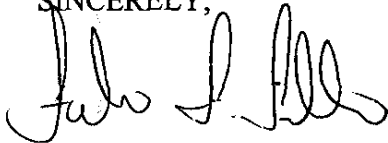
RE: TROPICAL COLORS PAINTING, INC.

P01000006189

DEAR STATE DEPARTMENT,

~~PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE~~  
THIS YEARS UNIFORM BUSINESS REPORT NOTICE. THANK YOU.

SINCERELY,

A handwritten signature in cursive script, appearing to read 'Fabio Ferreira Filho'.

Fabio Ferreira Filho