PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
5/27/03 APR-4 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012280

1. Corporation Name
At Your Service Painting Inc.

2. Principal Office Address	3. Mailing Office Address
9370 Keating Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State
Zip: 33410 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/02/01

5. FEI Number: 650327352 ☐ 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: Nicholas V. Fonseca

Street Address (P.O. Box Number is Not Acceptable): 2502 Mahogany Place

Suite, Apt. #, Etc.:

City: Palm Beach Gardens State: FL Zip Code: 33418

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: 3/20/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Preside	Nicholas V. Fonseca	2502 Mahogany Place	Palm Beach Gardens, Florida 33418

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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] 3/20/03 561-627-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 4/7

'At Your Service'
Painting Inc.
2502 Mahogany Place
Palm Beach Gardens
Florida 33418

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl 32399

March 20,2003

To whom it may concern,

This letter is to inform you that I never recieved a request for more information regaurding, At Your Service Painting Inc. inquiry, on June 2, 2002 or June 20, 2002. Could you please reinstate At Your Service Painting Inc. I will be more diligent about following up on such discrepancies in the future. Thank you for your understanding.

Anticipantly Yours,

Nicholas V. Fonseca
President

Nicholas V. Fonseca
627-5532