


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 10 APR 20 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000056700

1. Corporation Name

MCA PAINTING, INC.

2. Principal Office Address - No P.O. Box #

3203 MARINE DR

Suite, Apt. #, etc.

UNIT W

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

3. Mailing Office Address

3203 MARINE DR

Suite, Apt. #, etc

UNIT W

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

000176532130
 04/20/10--01016--022 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001

5. FEI Number 02-0546842

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

ADONAY GONZALEZ

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

3203 MARINE DR

Suite, Apt. #, Etc.

UNIT W

City

POMPANO BEACH

State

FL

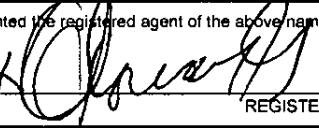
Zip Code

33062

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 04/16/2010

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,D	ADONAY GONZALEZ	3203 MARINE DR # W	POMPANO BEACH, FL 33062
VP,D	ERWIN GONZALES	3203 MARINE DR # W	POMPANO BEACH, FL 33062

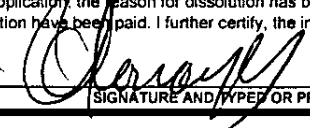
Handwritten signature and date 4/20

10. E-mail Address: despachantebr@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:



ADONAY GONZALEZ

04/16/2010 954-849-6307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #