
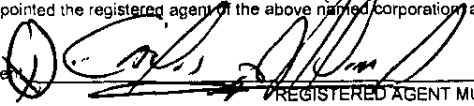
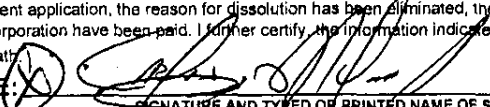


Page 1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAR 10 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000073276					
1. Corporation Name Molina Painting, Corp.					
2. Principal Office Address - No P.O. Box # 12230 NW 20 th Ct Suite, Apt. #, etc.			3. Mailing Office Address Same as principal address Suite, Apt. #, etc.		
City & State Miami, FL			City & State (blank)		
Zip 33167		Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 03/10/10--01028--024 **300.00 11-17-08 01049 008 \$300.00	
5. FEI Number 05-0633631				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Carlos E. Molina					
Street Address (P.O. Box Number is Not Acceptable) 12230 NW 20 th Ct.					
Suite, Apt. #, Etc. (blank)					
City Miami				State FL	
				Zip Code 33167	
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 03/02/10	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Carlos E. Molina	12230 NW 20 th Ct	Miami FL 33167		
X 2/10					
10. E-mail Address: lrbmwirs@bellsouth.net <small>(To be used for future annual report notification)</small>					
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: 				Date 03/02/10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone # (blank)					

Page 2072

March 6 2010

From Molina Painting, Corp.

Document# P01000073276

TO: Florida Department of State

Att: Pam Smith

To Whom it may concern

You are holding \$300.00 dollars from the period 2007-2008 year was sent in 2008

I m sending the check for 2009-2010 and the reinstatement form checking the box waiving fee as per instruction from Ms Pam Smith

If you need any information please contact me at 305-828-1148

Sincerely,



Carlos E. Molina

President