

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

03 MAY -6 AM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000087615

1. Corporation Name

Suarez Paintings Inc.

000015873930
04/15/03--01010--081 **250.00

2. Principal Office Address

1401 E 9CT

Suite, Apt. #, etc.

3. Mailing Office Address

1401 E 9CT

Suite, Apt. #, etc.

000015873930
04/15/03--01010--080 **500.00

City & State

Hiataeah FL

City & State

Hiataeah FL

Zip

33013

Country

Dade FL

Zip

33013

Country

Dade FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1145511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fulgencio ORLANDO SUAREZ

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

1401 E 9CT

Suite, Apt. #, Etc.

000015873930
05/06/03--01096--029 **150.00

City

Hiataeah

State

FL

Zip Code

33013

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]

REGISTERED AGENT MUST SIGN

Date

4-9-03

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
PRES	Orlando Suarez Fulgencio	401 E 9 street	Hiataeah, FL, 33013

REINSTATEMENT 02-03

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:

Fulgencio O. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

Daytime Phone #

CR2E081 (10/02)