PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR STATEME) 2節追	BR	DEPARTMEN Jim Smith Secretary of S ISION OF CORPOR	tate		FILET 02 NOV 21 F			
. Corporat	OCUMENT # P01000106600 Corporation Name					SECRETATY OF STATE TALLAH ISSUE, FLORIDA				
COST	TA CARPEI	NTRY AND P	AINT COF	RP.						
rincipal Pla	ace of Business		Mailing Addre	ess		1 100 1100 110	Balah men dang baluh baluh bahel m	ruse dansa anna anna arnis bush		
100 0.111 0 21112				4400 S.W. 9 LANE MIAMI FL 33134						
	ddresses are incor	rect in any way, line th		formation and enter		4 Date Income	prated or Qualified		· 	
							less in Florida	11/05/2001		
Suite, Apt. i				Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	9			City & State			-115406	Not App		
Zip	ip Country Zi			Zip Country			OF STATUS DESIRED	for a Certificate of		
. Names	and Street Address	es of Each Officer and	or Director (Flo				T			
Title(s)	2	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director						
D				4400 S.W. 9 LANÉ			MIAMI FL 33134			
						— 50 1 11/21/0	0 00915 20109900	¥835 ? **150.00		
•								-		
	8. Name ar	d Address of Current	Registered Age	ent	Name	9. Name and A	Address of New Regis	tered Agent		
ACOSTA, LEONEL 4400 S.W. 9 LANE MIAMI FL 33134				Street Address (P.O. Box Number is Not Acceptable)					
			Suite, Apt. #, Etc							
	= 00701			·	City			State Zip Code		
Signature (of	pistered agent of the ab				obligations of Sect	ion 607.0505, F.S. or 6			
Registered	J Agent		EOLOTEDED A	CENT MICT CION			Date			

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 filling 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.



/1-18-02 Date

			!			
om :		FAX NO. : +446	7485	Oct. 31	2002 01:12PM	P1
PLEASE	E READ AL	L INSTRUCTIONS BEFO	ORE CON	APLETING THIS	(01 (11))	
APPLICATION		FLORIDA DEPARTMENT OF Jim Smith	STATE			
FOR .		Secretary of State				
REINSTATEMENT		DIVISION OF CORPORATIONS	·			

APPLICATION FOR Secretary of State DIVISION OF CORPORATIONS									
DOCU	MENT # P01000								
District Cha	ice of Business	Mailing Addre	 \$s		1 10011001 114	. Garar kidir daku dami daisi itaki (esta ontid still toll Tark (65)		
4400 S.W. 9 MIAMI FL 33	LANE	4400 S.W. 9 LANE MIAMI FL 33134							
If above as	ddresses are incorrect in any way, line the	rough incorrect in	iformation and	d enter correction below.	4. Date incorp	orated or Qualified	14/05/0004		
Suite, Apl. 4		Sulte. Apt. #,	elc.	· · · · · · · · · · · · · · · · · · ·	To Do Business in Florida 11/05/2001				
		·			5. FEI Number Applied For Not Applicable				
City & State	Country	Zip Country		Country	6 \$8.75 Addin		8.75 Additional Fee required for a Certificate of Status		
-			<u> </u>	A P					
7. Names a	and Street Addresses of Each Officer and Name of Officers	/or Director (Flo	rida nonprofil	Street Address of Each			0. 4. 4.7-		
Title(s) 1	2 and/or Directors		3	Officer and/or Director		City / State / Zip MIAMI FL 33134			
O	D ACOSTA, LEONEL		4400 S.W. 9 LANE						
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	8. Name and Address of Current	Registered Age	int		9. Name and	Address of New Registers	d Agent .		
				Name	* 10 * 12 M of 2012 1 ********************************				
ACOSTA, LEONEL 4400 S.W. 9 LANE				Street Address (F	P.O. Box Number is Not Acceptable)				
MIAM	FL 33134		Suite, Apt. #. El			e.			
•			- City		State Zip Code FL				
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, am far	miliar with and accept the o	bligations of Secti	ion 607.0505, F.S. or 617.0	505; F.S		
Signature of Registered Agent Date REGISTERED AGENT MUST SIGN									
this rein: owed by	that I am an officer or director or the rece statement application, the reason for diss- rite corporation have been paid and the application is true and accurate, and my st	olution has been names of Individi ignature shall hav	eliminated, th uals listed on we the same le	e corporate name satisfies this form do not qualify for egal effect as if made under	the requirements an exemption und roath.	of section 607.0401 or 617 der section 119.07(3)(i), F.S	.0401, F.S., that all fees		
SIGNAT	NOFY WAY IN MA	The first of the	B # 1946 5 .	the second second	/	1-18-02	i		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Acosta Carpentry And Paint Corp 4400 S.W. 9th Lane Miami, FL 33134 Tel.: 305-446-7485

November 19, 2002

Division Of Corporation Annual Report / Reinstatement Section P.O.Box 6327 Tallahassee, FL 32314-6327

Internal Revenue Service,

Please excuse the inconvenience of my actions on paying the renewal of my corporation. I was not aware that I was suppose to send a payment of \$150.00 when I signed the Application for Reinstatement. I received a notice of a late-fee, but I need-for-you to take into consideration that this is my first year and I have provided the \$150.00 check on my behalf for the reinstatement. Thank you for your concern and if any questions please do not hesitate to contact me.

Sincerely,

Leonel Acosta CEO