

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109855

1. Corporation Name

A COLOR PAINTING CORP.

2. Principal Office Address

15041 SW 63 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33193

Country

DADE

3. Mailing Office Address

15041 SW 63 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33193

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2001

5. FEI Number

04-3620953

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

MARIA FABIOLA FONTALVO

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

15041 SW 63 ST

500008552185

10/23/02--01101--003 **150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

Maria Fabiola Fontalvo

REGISTERED AGENT MUST SIGN

Date

10/22/02

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
DP	MARIA F. FONTALVO	15041 SW 63 ST	Miami, FL, 33193
DV	ROBERTO FONTALVO	15041 SW 63 ST	Miami, FL, 33193

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:

Maria Fabiola Fontalvo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

(305) 898-7068

(10/22/02)

CR2E081 (8/01)

From: Lindita06L@aol.com

Date: Tue, 22 Oct 2002 10:50:21 EDT

Subject: (no subject)

To: suarez521@yahoo.com

2nd 2

October 22, 2002

To Whom It May Concern:

Hello, I am Maria Fontalvo president of A Color Painting Corporation. Recently on the fourth of October my Corporation was closed. The problem is that at no time did I receive notice of ^{2002 11/15} ~~cancellation~~ and now I have no Corporation. What I need is immediate action on this matter to continue my work.

If I can be of any assistance, please reach me at any time at:
305-898-7068
or 786-306-5684. Thank you.

Sincerely,

Maria Fontalvo
Maria Fontalvo

*Enclosed is the money order of \$150.00 for the re-instatement of the corporation. Once again thank you for your time!