

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000006645 1. Entity Name SILVA'S ENTERPRISES PAINTING, CORP.						FILED 05 JUL -7 AM 11:30 SECRET TALLAHASSEE, FL	
Principal Place of Business 7330 SW 22 ST MIAMI, FL 33155				Mailing Address 7330 SW 22 ST MIAMI, FL 33155			
2. Principal Place of Business 985 SW 149 CT.				3. Mailing Address SAME.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State MIAMI FL				City & State			
Zip 33194		Country U.S.A		Zip		Country	
4. FEI Number 59-0430818				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SILVA, ROLANDO 7330 SW 22 ST MIAMI, FL 33155				7. Name and Address of New Registered Agent Name JUAN C. SAINZ Street Address (P.O. Box Number is Not Acceptable) 985 SW 149 CT. City MIAMI FL Zip Code 33194			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X</u> <i>Juan C. Sainz</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME SILVA, ROLANDO <input checked="" type="checkbox"/> Delete STREET ADDRESS 7330 SW 22 ST CITY-ST-ZIP MIAMI, FL 33155				TITLE PD NAME JUAN C. SAINZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 985 SW 149 CT. CITY-ST-ZIP MIAMI FL 33185 33194			
TITLE V NAME BATISTA, OSVALDO <input checked="" type="checkbox"/> Delete STREET ADDRESS 7330 SW 22 ST CITY-ST-ZIP MIAMI, FL 33155				TITLE VP NAME Ingrid V. Romero <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 985 SW 149 CT. CITY-ST-ZIP MIAMI FL 33185 33194			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE VP NAME MARCOS E. RAMIREZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 985 SW 149 CT CITY-ST-ZIP MIAMI FL 33194			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Juan C. Sainz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							