

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

04 NOV -1 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02 00000 7140

1. Corporation Name

DYNAMIX PAINT, INC.
2151 RJ Circle
Kissimmee, Florida 34744-2975

2. Principal Office Address

2151 RJ Circle

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34744

Country

OSCEOLA

3. Mailing Office Address

2151 RJ Circle

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34744

Country

OSCEOLA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

01-14-2002

5. FEI Number

60-0000754

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

RAFAEL CEPEDA

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

2151 RJ Circle

Suite, Apt. #, Etc.

K

City

Kissimmee

State

FL

Zip Code

34744

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

RAFAEL CEPEDA
REGISTERED AGENT MUST SIGN

Date 10/26/04

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
P/S/T	RAFAEL CEPEDA	2151 RJ Circle	Kissimmee, FL 34744

000042360140
11/01/04--01062--009 **150.00

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:

RAFAEL CEPEDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04
Date

407-738-6646
Daytime Phone #

CR2E081 (07/04)

PS 2 of 3


October 26, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of \$150.00 and the reinstatement form for Dunamix Paint, Inc." Doc# P02000007140. Per telephone conversation with your department, this will cover the amount due to restore our corporation with the state. Please accept our apologies for the delay it seems that we never received for the corporation previously. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,

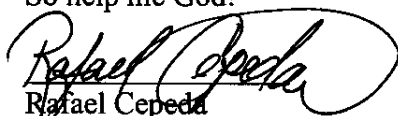

Rafael Cepeda
President

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Certified of Designation
Registered Agent/Registered Office
Dunamix Paint, Inc.
Doc# P02000007140

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the article of corporation, I hereby accept appointment as registered agent and agreed to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

So help me God!


Rafael Cepeda
Registered Agent