

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000018620

**FILED
Oct 20, 2004
Secretary of State**

Entity Name: Q PAINTING AND MARBLE POLISHING INC.

Current Principal Place of Business:

1041 S.W. 9TH ST
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

1041 S.W. 9TH ST
MIAMI, FL 33130

New Mailing Address:

FEI Number: 37-1420743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYALA, LESBI
1041 S.W. 9TH ST
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AYALA, LSBI
Address: 1041 S.W. 9TH ST
City-St-Zip: MIAMI, FL 33130

Title: VD () Delete
Name: AYALA, MANUEL
Address: 1041 S.W. 9TH ST
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESBI RAMON AYALA

OWNE

10/20/2004

Electronic Signature of Signing Officer or Director

_____ Date