

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT # POB 00074111

1. Corporation Name
COLORAMA PAINTING AND PRESSURE CLENGING SERVICES CO

REINSTATEMENT 03-04
MRD

2. Principal Office Address
8755 SW 152 AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
159

City & State
MIAMI

Zip Country
FL DADE

Suite, Apt. #, etc.

City & State

Zip Country
33193

4. Date Incorporated or Qualified
To Do Business in Florida 04/16/2002

5. FEI Number
01-0674920

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

200029861052
03/04/04--01007--025 **900.00

7. Name and Address of Current Registered Agent

Name
ADALBERTO LEON

Street Address (P.O. Box Number is Not Acceptable)
8755 SW 152 AVE

Suite, Apt. #, Etc.
159

City
MIAMI

State Zip Code
FL 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 [Signature]
REGISTERED AGENT MUST SIGN

Date 2/23/04

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
PRESII	ADALBERTO LEÓN	8755 SW 152 AVE #159	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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/09 305-970-5647
Date Daytime Phone #

CR2E081 (01/04)