

2005 FOR PROFIT CORPORATION REINSTATEMENT

10f2

FILED

05 JAN 12 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT CR2E098 (6/04)

| | |
|---|--|
| DOCUMENT # P02000046087 | |
| 1. Entity Name GOLD BRUSH PAINTING CORP. | |



| | |
|--|--|
| Principal Place of Business 903 SW 13 CT MIAMI, FL 33135 | Mailing Address 903 SW 13 CT MIAMI, FL 33135 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|-------------------------------|
| 4. FEI Number 01-0660793 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent RAMIREZ, RICARDO J 903 SW 13 CT MIAMI, FL 33135 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------|--|
| 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 NAME STREET ADDRESS CITY-ST-ZIP | VPS RAMIREZ, RICARDO 903 SW 13 CT MIAMI, FL 33135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ANDREEVA, LARISSA 903 SW 13 CT MIAMI, FL 33135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMIREZ, JEFFREE A 903 SW 13TH COURT MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUIDO S MELVIN 2680 W 76 STREET #212 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800045658778 01/31/05--01010--017 ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <i>Larissa Andreeva</i> | SIGNATURE: <i>Ricardo Ramirez</i> |
| TYPED NAME OF SIGNING OFFICER OR DIRECTOR LARISSA ANDREEVA - PRESIDENT | TYPED NAME OF SIGNING OFFICER OR DIRECTOR RICARDO RAMIREZ - REGISTERED AGENT & VPS |
| Date | 01.04.05 / (805) 856-7570 |

202

GOLD BRUSH PAINTING CORP.
903 SW 13TH COURT
MIAMI, FLORIDA 33135
305-856-7510

January 5, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Attached please find a reinstatement application for the above-mentioned corporation, please be advised that we did not receive a notice regarding the annual report fee that needed to be paid.

I am requesting that you waive this fee for our corporation since we fail to pay this fee due to ignorance and not because we are trying to avoid any legal fees.

Your help in this matter will be greatly appreciated. We are trying very hard to make this a profitable business.

Thanking you in advance.



Larissa Andreeva
President



Ricardo Ramirez
Registered Agent & Vice-President