

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 NOV -8 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000060428*

1. Corporation Name

E. B. I. Painting, Corp.

700061258207
11/08/05--01044--005 **458.75

REINSTATEMENT 03-05
CR22081 (8/05)

2. Principal Office Address

121 SW 53 CT

Suite, Apt. #, etc.

3. Mailing Office Address

121 SW 53 CT

Suite, Apt. #, etc.

City & State

MIAMI FL 33134

Zip

33134

Country

USA

City & State

MIAMI FL

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-31-2002

5. FEI Number

03-0455193

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

CARLOS I SUAREZ

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

121 SW 53 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

11/1/05

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
<i>P/D</i>	<i>Carlos I. Suarez</i>	<i>121 SW 53 CT</i>	<i>MIAMI FL 33134</i>
<i>VP</i>	<i>Julio Arbelo</i>	<i>1744 NW 91 CT</i>	<i>MIAMI LKS, FL 33018</i>
<i>S</i>	<i>Jeannethe Suarez</i>	<i>121 SW 53 CT</i>	<i>MIAMI FL 33134</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/05

11/1/05

2/2

Florida Dept of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

November 1, 2005

Re: E.B.I. Painting, Corp.
Doc #P02000060428
Reinstatement Request

To Whom It May Concern:

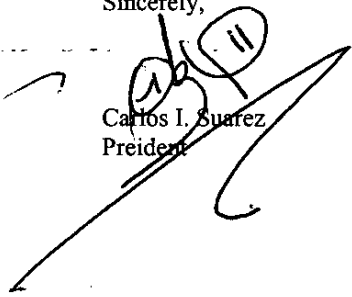
Attach is our company reinstatement form together with a check totaling \$458.75 representing total fees for reinstatement.

We request abatement of late filing fees based on reasonable cause since the physical and mailing address for the company changed when we move in September 2002. We did not receive the subsequent annual report form(s) or the correspondence was lost in transit. It was always our intention to file and pay our fees timely however due to the previously mentioned circumstance we were unable to file and pay the fees due.

We are attaching copies of our lease agreement that began on September 1, 2002 and subsequent renewal.

Finally, we thank you in advance and wait your response on our request for reinstatement and consideration of our situation.

Sincerely,


Carlos I. Suarez
President