PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ... FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000068334

1. Corporation Name

Signature of Registered Agent FILED

03 OCT 17 PM 3: 34

SEGNETARY OF STATE
TALLAHASSEE, FLORIDA

10-13-03

Principal P	lace of Business	Mailing Add	Iress				
518 WEST MANGO STREET LANTANA FL 33462			518 WEST MANGO STREET LANTANA FL 33462		Corasas en a a rantigira 6 3		
	addresses are incorrect in any way, line						
Suite, Apt. #, etc. St		3. New Ma	iling Office Address, If Ap		Date Incorporated or Qualified To Do Business in Florida 06/20/2002		
		Suite, Apt. #	Suite, Apt. #, etc. City & State		5. FEI Number Applie		
		City & State			650483546	Not Applicab	
Zip	Country	Zip	Country	6.	CERTIFICATE OF STATUS DESIR	S8.75 Additional Fee required for a Certificate of Statu	
. Names	and Street Addresses of Each Officer a	nd/or Director (F)	orida nonprofit corporatio	ns must list at least 3 c	directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
PD	ROSSINI, MICHAEL		518 WEST MANGO	STREET	LANTANA FL	33462	
				 	0000238 10/17/0301024-	71240	
					10717703=-01024-	-010 **158,75	
•••							
 -					1210/1		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
POCCINI MICHAEL				Name			
ROSSINI, MICHAEL 518 WEST MANGO STREET				Street Address (P.O. Box Number is Not Acceptable)			
	NA FL 33462		-	Suite, Apt. #, Etc.			
			t	City		State Zip Code	
					ons of Section 607.0505, F.S.	<u> FL </u>	

11. 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: MICHAEZ ROSSIWI 10-13-03 561-436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 541

To MICHAEL ROSSINI President of have not received a waterproof INC. Or have not received a waterproof INC. Or have not even know what one is or have ever filed one I respectfully REQUEST REINSTATIONENT PENALTY TO
BE WOIVED AND WILL CONSIDER THIS A FAIR WARNING FOR FUTURE REFERENCE. ENCLOSED WITH THIS LETTER IS APP. FOR REINSTATEMENT AND A CHECK PAYABLE TO FL. DEOTE OF STATE I WOULD LIKE THE POSSIBLE FOR THE STATE TO MAIL HE REMIND MY OFFICE OF SUCH RENEWALS.

SINCORELY, michael Mossini PRESIDENT PRESIDE PAINT & WIRAUS.