


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000096093

1. Corporation Name

R N Painting Corp

2. Principal Office Address

14680 89th PI North

Suite, Apt. #, etc.

City & State

Loxahatchee FI

Zip
33470

Country
US

3. Mailing Office Address

14680 89th PI North

Suite, Apt. #, etc.

City & State

Loxahatchee FI

Zip
33470

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2002

5. FEI Number

56-2292994

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

Rene Novoa

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

14680 89th PI North

Suite, Apt. #, Etc.

City

Loxahatchee

State
FL

Zip Code
33470

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

Rene Novoa

REGISTERED AGENT MUST SIGN

Date 5/3/06

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
D/P	Rene Novoa	14680 89th PI North	Loxahatchee FI 33470

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 contained in Chapter 119, 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:

Rene Novoa

Rene Novoa

03/29/2006 (561)792-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #