PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV -7 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000096465

1. Corporation Name
Custom Coatings Enterprise Inc.

REINSTATEMENT

CR2E081 (12/05) 03-07

2. Principal Office Address	3. Mailing Office Address
13206 SW 144 TER	13206 SW 144 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09-06-2002

5. FEI Number: 03-0481194 ☐ 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: Rosita Orozco

700112474297
11/21/07--01009--001 **500.00

Street Address (P.O. Box Number is Not Acceptable): 5041 SW 136 TER

Suite, Apt. #, Etc.:

City: Miramar | State: FL | Zip Code: 33027

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: Rosita Orozco — REGISTERED AGENT MUST SIGN — Date: 11/5/07

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
VP	Rosita Orozco	5041 SW 136 TER	Miramar FL 33027
P	Timothy Morley	11777 SW 135 PL Miami FL 33186	
			700112474297 11/21/07--01009--003 **350.00
			700112474297 11/21/07--01009--002 **500.00

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: Rosita Orozco — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/5/07 — Daytime Phone #