

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097409

1. Corporation Name
PRESSURE & PAINT ONE, INC

8134 S W 163 AVE

2. Principal Office Address
8134 S W 163 AVE

3. Mailing Office Address
3529 SW 112 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33193 MIAMI-DADE

Zip Country
33165 MIAMI-DADE

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

5. FEI Number
37-1450572

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
ALEXIS PEREZ

Street Address (P.O. Box Number is Not Acceptable)
8134 S W 163 AVE

900042031979
10/20/04--01088--002 **70.00

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33193

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

Date 10/16/2004

REGISTERED AGENT MUST SIGN

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
P,VP,T	ALEXIS PEREZ	8134 S.W.163 AVE	MIAMI, FLORIDA:33193
S	ELIZABETH PEREZ	8134 S W 163 AVE	MIAMI, FLORIDA 33193

AP 10/25

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:

ALEXIS PEREZ

10/16/04

(305) 298-2848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)