

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Myr

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127356

1. Corporation Name

MANNY Painting Corp.

2. Principal Office Address

520 NW 61 ave

Suite, Apt. #, etc.

3. Mailing Office Address

520 NW 61 ave

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-3-2002

5. FEI Number

01-0756759

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

Manuel Del Valle

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

520 NW 61 ave

Suite, Apt. #, Etc.

City

MIAMI FL 33126

State
FL

Zip Code

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

4/27/04

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/D	Manuel DEL VALLE	520 NW 61 Ave	MIAMI FL 33126
S/D	Aisa Jay	520 NW 61 Ave	MIAMI FL 33126

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

4/27/04

Daytime Phone

CR2E081 (01/04)

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MANNY PAINTING CORP
520 NW 61ST AVENUE
Miami, Florida 33126

April 27, 2004

To: Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:

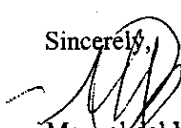
We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that it is because the address you have on file is incorrect. We never received the annual report for 2003, it was never delivered to our location.

We are attaching an application for reinstatement for 2004 with payment showing our change of address to the number shown in the previous paragraph.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,



Manuel del Valle
President