
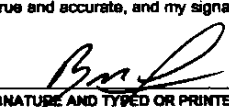


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO 2000 127682			
1. Corporation Name C & H PAINTING INC 9814 SW 195 ST MIAMI FL 33157			
2. Principal Office Address 9814 SW 195 ST		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33157	Country MIAMI-DAL	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 12-22-2002	
		5. FEI Number 05-0544077	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CARLOS A BARBOZA			
Street Address (P.O. Box Numbers Not Acceptable) 9814 SW 195 ST			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33157
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 10-10-2006	
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	CARLOS A BARBOZA	9814 SW 195 STREET	MIAMI, FL 33157
VP	HERNAN BARBOZA	12976 SW 248 TER	MIAMI, FL 33032
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: 		Date 10-10-06 7862555843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

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Oct. 12/2006
~~July 17, 2006~~

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: Annual Report Payment
C & H Painting Inc.
9814 SW 195th Street
Miami, Florida 33157-8660
Tax ID# 05-0544077
Document # P02000127682

This letter serves as a formal request to reactivate the above referenced corporation. I am enclosing a payment in the amount of \$300.00 which represents the annual fee for the year 2005 and 2006 and a Corporation reinstatement form. I apologize for the failure to notice that payments had not been made. However, our offices relocated and we had not received any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred.

Should you require additional information or have any questions, please call our office.

Thank you for your prompt attention to this matter.

C
Carlos Barboza
President
(786) 255-5843