


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000018025		
1. Entity Name CALI PAINTING, INC.		

FILED  
06 NOV 17 PM 2:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3811 WOODFIELD COURT COCONUT CREEK, FL 33073	Mailing Address 3811 WOODFIELD COURT COCONUT CREEK, FL 33073
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2. Principal Place of Business 8101 NW 38 ST.	3. Mailing Address 8101 NW 38 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11142006 REIN-P CR2E098 (11/05) 06

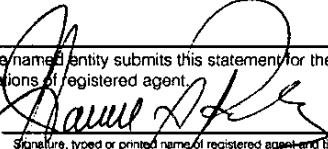
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065	Country USA

4. FEI Number 80-0055404	Applied For Not Applicable
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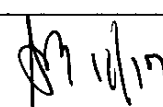
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RENGIFO, JAIME 3811 WOODFIELD COURT COCONUT CREEK, FL 33073
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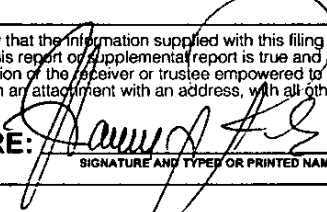
7. Name and Address of New Registered Agent Name: RENGIFO Jaime A. Street Address (P.O. Box Number is Not Acceptable): 8101 NW 38 ST. City: Coral Springs FL Zip Code: 33065
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENGIFO, JESUS 3811 WOODFIELD COURT COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENGIFO, JAIME 3811 WOODFIELD COURT COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIANA POSTELA 8101 NW 38 ST. Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENGIFO JAIME A. 8101 NW 38 ST. Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENGIFO Jesus 7915 NW 75th AVE TAMALAC FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081895053 11/17/06--01013--014 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  JAIME A RENGIFO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11-14-06 954-445-8143 Date Daytime Phone #