PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -3 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000021969.

1. Corporation Name
Color gloss painting, Corp.

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
12800 SW 81 AV	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	AS
City & State: Miami, fl	City & State: ABOVE.
Zip: 33156 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/24/03

5. FEI Number: 20-1765494 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Vladimir Morales.

Street Address (P.O. Box Number is Not Acceptable): 12800 SW 81 AV

500075040255
05/22/06 01074 022 **300.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33156

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: 4/26/06

REGISTERED AGENT MUST SIGN

CR2E361 (3/01)

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
PD	Vladimir Morales	12800 SW 81 AV	Miami, fl 33156

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: _____ 4/26/06 305-232-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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COLOR GLOSS PAINTING, CORP.
12800 SW 81 AVE
MIAMI, FL 33156
305.232.9070

April 26, 2006

Florida Department of State
Division of Corporations

Re: **COLOR GLOSS PAINTING, CORP.**
P03000021969

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in 2005+2006. the mail, so thank you in advance for your time and consideration.

Sincerely,

Vladimir Morales
President