

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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06 MAY -3 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 003000021969. 1. Corporation Name color gloss painting, Cap.			
2. Principal Office Address 12800 SW 81 AV		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A-5	
City & State Miami, FL		City & State ABOVE -	
Zip 33156	Country U.S.A.	Zip	Country

REINSTATEMENT 03-06

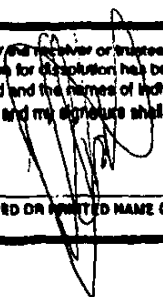
4. Date Incorporated or Qualified To Do Business in Florida 2/24/03	
5. FEI Number 20-1765494	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name Vladimir Morales	
Street Address (P.O. Box Number is Not Acceptable) 12800 SW 81 AV	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33156	

500075040255
05/22/06 01074-022 **300.00

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	

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 reasons for dissolution have 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 4/26/06 Daytime Phone # 305-232-9070

1106 (10/2005)

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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.

