

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 17 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900060685499  
10/17/05--01064--008 \*\*300.00

DOCUMENT # P03000100487

1. Corporation Name

CARLOS PAINTING SERVICES, INC.

2. Principal Office Address

3845 SW 103 AVENUE

Suite, Apt. #, etc.

C-224

City & State

MIAMI - FLA

Zip

33165

Country

US

3. Mailing Office Address

11402 NW 41ST

Suite, Apt. #, etc.

211

City & State

MIAMI - FLA

Zip

33178

Country

US

REINSTATEMENT  
CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2003

5. FEI Number

20-0222628

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

LAVASTIDA, CARLOS A.

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

3845 SW 103 AVENUE

Suite, Apt. #, Etc.

C-224

City

MIAMI

State

FL

Zip Code

33165

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

*[Handwritten Signature]*

Date

10/11/2005

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	LAVASTIDA, CARLOS A	3845 SW 103 AVENUE #C-224 MIAMI - FL 33165	MIAMI - FL 33165
D	FUNET, GREGORIO	918 NW 12 STREET	MIAMI - FL 33128
D	MONCADA, WALTER	831 NW 3 STREET APT 7	MIAMI - FL 33128

*[Handwritten Signature]*  
10/11/2005

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

*[Handwritten Signature]*

Date

10/11/2005

Daytime Phone #

MIAMI,10/11/2005

**TO:** DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**SUBJECT:** REINSTATEMENT FORM  
ANNUAL REPORT /2004.

DEAR SIR.

AS PER COVERSATION WITH YOUR DEPARTMENT ENCLOSED FIND MY  
REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEARS 2004 AND 2005 AND APPLICABLE  
FEES OF \$ 300.00, DUE THAT I NEVER RECEIVED THE ANNUAL REPORT 2004 ,2005 AND MY  
COMPANY WAS DISOLVED WITHOUT PRIOR NOTICE DUE YOU HAD THE WRONG MY  
MAILING ADDRESS, PLEASE RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS TRULY

  
\_\_\_\_\_  
PRESIDENT  
LAVASTIDA CARLOS