

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000105792**

1. Corporation Name
B. VALENCIA PAINTING, INC

2. Principal Office Address LN
3264 HEDDEN GROVE LN
Suite, Apt. #, etc.

3. Mailing Office Address LN
3264 HEDDEN GROVE LN
Suite, Apt. #, etc.

City & State
WINTER PARK, FL 32792

City & State
WINTER PARK, FL 32792

Zip Country
32792 USA

Zip Country
32792 USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
80-0077010

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
VALENCIA BERNARDO

Street Address (P.O. Box Number is Not Acceptable)
3264 HEDDEN GROVE LN

Suite, Apt. #, Etc.

City
WINTER PARK FL 32792

State
FL

Zip Code
32792

400054286814
05/11/05--01049--024 *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 **[Signature]** Date **04/25/05**

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	VALENCIA BERNARDO	3264 HEDDEN GROVE LN	WINTER PARK, FL 32792

APR 25 15

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]** Date **04/25/05** Daytime Phone # **(407) 677-4794**

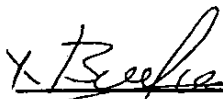
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

**B. VALENCIA PAINTING, INC
3264 HEDDEN GROVE LN
WINTER PARK, FL 32792
P03000105792
FEI # 80-0077010**

**THIS LETTER IS TO INFORM YOU I NEVER RECEIVED THE
DEPARTMENT OF STATE FORMS FOR THE ANNUAL REPORT
IN 2004 AND 2005, PLEASE WAIVE THE PENALTY.
I AM ENCLOSING A CHECK FOR 300 DOLLARS.**

THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.



BERNARDO VALENCIA - PRESIDENT