PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND THE							
	PORATION TATEMENT	FLORIDA DEPARTA Secretary of Division of con	of State		FILED 05 MAY 19 AM 10:		
DOCUMENT # <i>P03000115948</i> 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Alaska Painting, mc.				800055567848 06/01/0501013010 **158.75			
2. Principal (Office Address	3. Mailing Office Address	3. Mailing Office Address		REMISTATEMENT ou-ost		
Suite, Apt. #.	etc.	Suite, Apt. #, etc.			-		
11541 SW 153. AVE.				Date Incorporated or Qualified To Do Business in Florida			
City & State		City & State		5. FEI Number		lied For	
Miar			O	20-0312		Applicable	
331	96 Country	Zip	Country	G. CERTIFICATE OF STATE	US DESIRED 38.75 Additional F	ee required of Status	
7. Name and Address of Current Registered Agent							
Name Gilbert Gomes.							
Ì	Street Address (P.O. Box Number is Not Acceptable)						
ŀ	Suite, Apt. #, Etc.					i I	
	Miami			State FL	Zip Code 33/96		
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.							
8. 1, 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 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 Directo	75.	Street Address of Each Officer and/or Director		City / State / Zip		
8	691 bert Come	2					
	11541 SW 153, A		··· <u> </u>				
1	Hiami Fl 3319	6					
			<u>.</u>				
]							

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 cath.

SIGNATURE:

MINATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-29-03

Daytime Phone #



4/6/05

To whom it may

concern I, Gilbert Gomez president of Alaska Painting Inc.

I made the correction last year and mail the form back, but it seems it got lost some how in the mail.

I'm sending this letter and the form with a check # 351 for the amount of \$158.75.