

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115971

1. Corporation Name

Best Quality Painting Inc.

2. Principal Office Address

236 Hill St

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

Seminole

3. Mailing Office Address

236 Hill St

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida **10/15/2003**

5. FEI Number

04-3777866

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

Juan M. Olivera

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

236 Hill St

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

REGISTERED AGENT MUST SIGN

Date **10/27/2006**

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	Juan M. Olivera	236 Hill St	Casselberry, FL 32707

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 contained in Chapter 119, 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

10/27/2006

Date

407-435-2291

Daytime Phone #

292

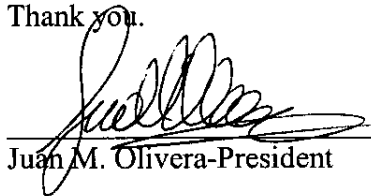
BEST QUALITY PAINTING INC.
236 HILL ST
CASSELBERRY, FL 32707
407-435-2291

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document # P03000115971
EIN # 04-3777866

To Whom It May Concern:

I, Juan M. Olivera the Officer and President of **Best Quality Painting Inc.** want to certify that I never received any prior notices of annual reports. I have been filing my Corporates Tax Returns & Payroll reports every year. I didn't know that I had to pay the \$150.00 fee every year., since I moved I never received any notices. Please removed the late fees and penalties for those years. I'm sending you the fees for 2004, 2005 & 2006 of \$150.00 per year totaling \$450.00. Please reconsider my corporate reinstatement form. If you have any questions please do not hesitate to call me at the above number. Thank you.



Juan M. Olivera-President