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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 07 DEC 18 PM 1:47					
DOCUMENT # P03000122933 1. Corporation Name RODRIGUEZ PAINTING, INC.								SECRETARI UI STATE TALLAHASSEE, FLORIDA 200113557482 11.01/0801043005 **600.00				
2. Principal Office Address 9497 SOUTH DIXIE HWY				3. Mailing Office Address 9497 SOUTH DIXIE HWY					n de la co	TE SE	MIO	4-07
Suite, Apt. #, etc. SUITE 123				Suite, Apt. #, etc. SUITE 123				4. Date Incorporated or Qualified To Do Business in Florida 10-31-2003				
City & State MIAMI, FLORIDA				City & State MIAMI, FLORIDA				5. FEI Number				Applied For Not Applicable
Zip 33156	Country USA		Zip 33156		Country JSA		6. CERTIFICATE OF STATUS DESIRED				onal Fee required licate of Status	
. 7. Name and Address of Current Registered Agent												
•	Name JUSTO J. NOGUEIRA RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 9497 SOUTH DIXIE HWY Suite, Apt. #, Etc. SUITE 123									_		
	City MIAMI								State FL	Zip Code 33156		
8. I, being Signature o Registered	· _	registor	Tuesa	oove named corporate of the corporate of		, <u></u>	nd accept the ol	bligations of sect		DEC 17		CR2E081 (01/04)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)												
Titles	Name of Officers and/or Directors			rs	Officer and/or Director				City / State / Zip			
PD	JUSTO J	. NOC	SUEIRA RO	DRIGUEZ	RIGUEZ 9497 SOUTH DIXIE HWY				STE 123 MIAMI, FL 33156			
this rei	instatement apply the corporate	olication, on have	the reason for di been paid and th	ceiver or trustee e ssolution has bee e names of indivi signature shall h	n eliminated, th duals listed on	ne corporate this form do	name satisfies not qualify for	s the requirement an exemption un	s of section	n 607.0401 or (617.0401, F.S.,	that all fees
SIGNA		1	ogus					DE	C 17, 2	007		
i	الزعا	SIYATURE	AND TYPED OR I	RINTED NAME OF	SIGNING OFFIC	ER OR DIRE	CTOR		Date		Daytime Phone	*

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DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

Jysto 9. nogueira rodriguez

PRESIDENT/DIRECTOR