
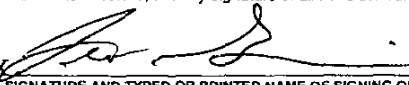


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000133996			
1. Corporation Name LEO'S PROFESSIONAL PAINTING, INC.			
2. Principal Office Address 1426 RANDOLPH ST.		3. Mailing Office Address 1426 RANDOLPH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELTONA FLORIDA		City & State DELTONA FLORIDA	
Zip 32725	Country USA	Zip 32725	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 16-1692781	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LEONARDO GARIN			
Street Address (P.O. Box Number is Not Acceptable) 1426 RANDOLPH ST.			
Suite, Apt. #, Etc.			
City DELTONA		State FL	
		Zip Code 32725	
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 X.		Date JUNE 8TH 2007	
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	LEONARDO GARIN	1426 RANDOLPH ST.	DELTONA, FL 32725
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: 		407-579-5940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

07 JUL 20 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

300106407433  
07/19/07--01054--005 \*\*451.00

REINSTATEMENT

TS 7/23/07

05-07

*Page 2*

LEO'S PROFESSIONAL PAINTING, INC.  
1426 RANDOLPH STREET  
DELTONA, FL 32725

DOC.# P03000133996  
CORP. FILED ON 11/18/03  
EFFECTIVE 11/13/03

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ISSUE: UNIFORM BUSINESS REPORT

THIS IS TO INFORM THE DIVISION OF CORPORATION, THAT MY CORPORATION OR MY SELF DID NOT RECEIVED THE ANNUAL REPORT NOTICE(POST CARD) AT MY PLACE OF RESIDENCE FOR YEARS 2005,2006 OR 2007. I RECENTLY FOUND OT THAT SAID CORP. WAS DEACTIVATED IN 2005 AND CONTINUES IN THIS CATEGORY. AT THIS TIME I'M ASKING FOR A PENALTY WAIVER. ENCLOSED PLEASE FIND THE REINSTATEMENT FORM AND THE \$450.00 FEE FOR THE THREE ORIGINAL UBR'S---2005,2006 & 2007.

YOUR COOPERATION REGARDING THIS MATTER, IS GREATLY APPRECIATED IN DEED.

YOURS VERY TRULY,

  
LEONARDO GARIN  
PRESIDENT

407-579-5940  
AGENT 407-737-7717