


FILED

2006 JUN 27 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # <u>P03000/42751</u> 1. Corporation Name RAMON'S PROFESSIONAL PAINTING, INC.																															
2. Principal Office Address 740 Vintage Circle Suite, Apt. #, etc.		3. Mailing Office Address 740 Vintage Circle Suite, Apt. #, etc.																													
City & State Destin, FL Zip 32541		City & State Destin, FL Zip 32541																													
Country Okaloosa		Country Okaloosa																													
4. Date Incorporated or Qualified To Do Business in Florida <u>12-01-2003</u>																															
5. FEI Number 20-0441375		Applied For <input type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent Name: <u>WATSON, TATE</u> Street Address (P.O. Box Number is Not Acceptable): <u>45 FLAMINGO DR.</u> Suite, Apt. #, Etc.: City: <u>SANTA ROSA BEACH</u> State: <u>FL</u> Zip Code: <u>32459</u>																															
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: <u>Ramiro M. Gonzalez</u> Date: <u>06/22/06</u> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>GONZALEZ, RAMIRO</td> <td>740 Vintage Circle</td> <td>Destin, FL 32541</td> </tr> <tr> <td>V</td> <td>Meliton, Michua</td> <td>734 Legion Drive</td> <td>Destin, FL 32541</td> </tr> <tr> <td>T</td> <td>DELGADILLO, ANNA</td> <td>740 Vintage Circle</td> <td>Destin, FL 32541</td> </tr> <tr> <td>S</td> <td>WATSON, TATE</td> <td>45 FLAMINGO DR.</td> <td>Santa Rosa Beach, FL 32459</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	GONZALEZ, RAMIRO	740 Vintage Circle	Destin, FL 32541	V	Meliton, Michua	734 Legion Drive	Destin, FL 32541	T	DELGADILLO, ANNA	740 Vintage Circle	Destin, FL 32541	S	WATSON, TATE	45 FLAMINGO DR.	Santa Rosa Beach, FL 32459								
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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: <u>Ramiro M. Gonzalez</u> Date: <u>06/22/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

CR2E081 (12/05)

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