2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

10132004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000151190

1. Entity Name
QUILLA PAINTING, CORP.

Principal Place of Business	Mailing Address
2319 W 60TH ST #205-D HIALEAH, FL 33016	2319 W 60TH ST #205-D HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
2239 West 69 Street	2239 West 69 Street
Suite, Apt #, etc. 2	Suite, Apt #, etc. 2
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33016 Country U.S.A	Zip 33016 Country U.S.A

4. FEI Number 51-0491136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDOZA, JULIO C 2319 W 60TH ST #205-D HIALEAH, FL 33016	Name MENDOZA, JULIO C Street Address (P.O. Box Number is Not Acceptable) 2239 West 69 Street suite 2 City HIALEAH FL Zip Code 33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10/13/4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENDOZA, JULIO C 2319 W 60TH ST #205-D HIALEAH, FL 33016 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MENDOZA JULIO C 2239 West 69 Street suite 2 HIALEAH FL 33016 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500041938635 10/18/04--01061--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/13/04 (305) 823-6724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #