PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

المستحد والمستحد والمراجع والمراجع والمراجع والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد	
CORPORATION REINSTATEMENT FLORIDA DEPARTME Secretary of DIVISION OF CORPO	State 05 0CT 18 AM II: 34
DOCUMENT # PO3000154739 1. COMPORTION NAME C + F NEW LOOK PAIN	aooo台灣等荷達等BORIDA
AND CONSTRUCTION, IN Principal Office Address 3. Mailing Office Address	X - REINSTATEMENT 04-05
Suite, Apt. #, etc. City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida 12/22/2003
32714 - Cruntry \$ 32714 \cong 32714 \cong 32714	SRINGS 5. FEI Number 8 6. Applied For Not Applicable untry CERTIFICATE OF STATUS DESIRED 18.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
City ALTAMONTE SPRINGS State Zip Code FL 33/1/4 8. I, being appointed the registered agent of the above named corporation, am familiar with agd accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Comor Clarks Date 10/3/05 PAGE PREGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit co	
P COSMORE FBANKS 994E	Street Address of Each Officer and/or Director AKE DESTINY ND ALTAMONTE SPRINGS, FL
	04-05
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 under section 119.07(3)(i), 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: UNIVERSITY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Desc	

From: NEW LOOK PAINTING & CONSTRUCTION COMPANY, INC 205 CAMDEN ROAD ALTAMONTE SPRINGS, FL 32714 DOC # P03000154739

To: Department Of State

This letter is to request a waiver of the late fee and reinstatement for New Look Painting and Construction Company, Inc (P03000154739) because we did not receive the notice in the mail.

Thanks

Cosmore Ebanks