

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006886

1. Entity Name  
E.Z. MOBIL PAINT, INC.



05 DEC 29 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2738 N.W. 21 TERRACE  
MIAMI, FL 33142

Mailing Address  
2738 N.W. 21 TERRACE  
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12212005

REIN-P

CR2E098 (6/04)

4. FEI Number

☒ 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

ZURITA, EDINSON  
2738 N.W. 21 TERRACE  
MIAMI, FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ZURITA, EDINSON  
2738 N.W. 21 TERRACE  
MIAMI, FL 33142

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

300062468933  
12/29/05--01019--010 \*\*150.00

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

December 21, 2005

Secretary of State  
Division of Corporations  
Annual Report Section  
P.O. Box 68501  
Tallahassee, Fl.32314

Document # P04000006886  
FEI: 54-2140881

Re: **E.Z. MOBIL PAINT, INC.**  
2738 N.W. 21 Terrace  
Miami, Florida 33142

Gentleman:

Enclosed please find copy of Uniform Business Report, and a check in the amount of \$ 150.00 I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking you for your prompt attention in this matter.

Cordially,

E.Z. Mobil Paint, Inc.



Edison Zurita