

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2006 DEC 15 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12052006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000006886					
1. Entity Name E.Z. MOBIL PAINT, INC.					
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	4. FEI Number 54-2140881	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Edinson Zurita</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZURITA, EDINSON		NAME	500082573345	
STREET ADDRESS	2738 N.W. 21 TERRACE		STREET ADDRESS	12/15/06--01046--002 **150.00	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Edinson Zurita</u> President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

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December 1, 2006

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:

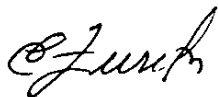
Enclosed please find copy of Uniform Business Report, and a check in the amount of \$ 150.00 I never received the form to file it.

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