

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT												
DOCUMENT # P04000016410												
1. Entity Nam-	e											
OMAR'S	CUSTON	PAINTING COMP										
				,		TEST					,	/
Principal Place	of Rusines	<del></del>	Mailing Address		l							
•			1420 GIBSONIA GALLO			S		meral of	•	200		
1420 GIBSONIA GALLOWAY Lakeland, fl. 33810			LAKELAND, FL 33810									
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2. Principal P	lace of Busin	ess	3. Mailing Address									
1001 N. Park Road			1001 N. Park Road				(88)  881	Stairt minii maire austs nu	HI WEIST HOLD CHIL	U)	11881 11 (881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				09272005	REIN-P	CR2E0	98 (6/04)		
City & State			City & State				4. FEI Numbe	r		Ap	plied For	
Plant City, FL			Plant City, F		1 73 0060400			t Applicable				
Zip		Country	Zip	Coun	itry		5. Certificate	of Status Desired		8.75 Add		
33563	e Nama	USA and Address of Current I	33563	LISA	<del>}</del>		7 Name and	Address of New		ee Require	a e	
<del></del>	b. Name	and Address of Corrett i	registered Agent		Name		7. Hanse and	Address of New	registores Ag	10		
CORTEZ,					Co	rtez	Omar	r in Not Assessable	la)			
1420 GIBSONIA GALLOWAY LAKELAND, FL 33810						Street Address (P.O. Box Number is Not Acceptable) 1001 N. Park Road						
LAKELANI	J, FL 330	10										
					City	· .			FL	Zip Code		
0 Th		a submits this statement for	the purpose of changing it	e rogistor	Plant	City	V .	h in the State of E		3356		
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 X CA COMPANY												
SIGNATURE	Signature, typed	or printed name of egistered agent a	and title if applicable. (NO	TE: Register	ed Agent signs	ture require	d when reinstating)	-	DATE			
		FEE IS \$150.00 06, Fee will be \$300.0	o					In accordance corporation did				
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10.	D	OFFICERS AND	Delete	11.		D	ADDITIONS/	CHANGES TO OF		Change	Addition	
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			this filing does not qualify for									
of the co	rporation or t	he receiver or trustee emporarchment with an address 1	itrue and accurate and that owered to execute this repor with all other like empowere	nt as requ	ired by Cha	apter 607	, Florida Statute	s; and that my na	me appears in	Block 10 o	r Block 11 if	
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SIGNAT	TURE: 🛚	CONTROL AND TOTAL OR	PRINTED NAME OF SIGNING OFFICE	B OB DIDEC	TOP		9-7	17-05		3) 846	-496L	
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## ROBERT S. WISE, P.A.

Attorney at Law

1205 West Fletcher Avenue Suite A Tampa, Florida 33612-3363 Telephone (813) 968-8668 Telecopy (813) 968-8686

September 27, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Omar's Custom Painting Company

Document No.: P04000016410

Gentlemen:

Enclosed please find an Application for Reinstatement in the above referenced matter together with a check in the sum of \$150.00 for the 2005 Annual Report Fee. Please reinstate Omar's Custom Painting Company as soon as possible. Please note that Omar's Custom Painting Company did not receive the proposed Annual Report form from you in the mail and we would request that any late fee be waived. Thank you.

If you have any questions, please feel free to call me.

Very truly yours,

Robert S. Wise, P.A.

Bv:

RSW/dg Enclosures