


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000034338 1. Entity Name REYES PAINTING INC	
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FILED

05 NOV -7 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 800 PALM FOREST LN CLERMONT, FL 34711	Mailing Address 800 PALM FOREST LN CLERMONT, FL 34711
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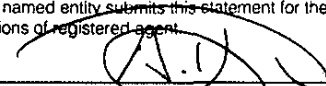
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 20-0759920
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03/18/05 90074 037 1510.00
10172005 REIN-P CR2E098 (6/04)

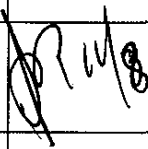
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KABA, ALEJANDRO 1307 RAIN FOREST LN CLERMONT, FL 34711		Name KABA Consulting Inc	
		Street Address (P.O. Box Number is Not Acceptable) 214 E Washington ST	
		City Minneola	FL Zip Code 32715

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:  DATE: **10/17/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARRIA, FRANCISCO 800 PALM FOREST LN CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Francisco Sarría* / President DATE: **10/31/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/05

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P04000034338

To Whom It May Concern:

This is regarding our conversation today with one of your agents. We were informed that a letter dated March 24, 2005 was send to our attention regarding a problem with our annual report. We never received this letter please process the enclose restatement this corporation.

Sincerely,

Francisco Sarria

Reyes Painting Inc.
Francisco Sarria