


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000034338</b>		
1. Entity Name <b>REYES PAINTING INC</b>		

Principal Place of Business <b>800 PALM FOREST LN CLERMONT, FL 34711</b>	Mailing Address <b>800 PALM FOREST LN CLERMONT, FL 34711</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
05 NOV -7 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

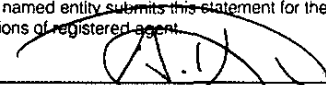


03/18/05 90074 037 15150.00  
10172005 REIN-P CR2E098 (6/04)

4. FEI Number <b>20-0759920</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KABA, ALEJANDRO 1307 RAIN FOREST LN CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name <b>KABA Consulting Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 E Washington ST</b> City <b>Minneapolis</b> FL Zip Code <b>55415</b>	
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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.

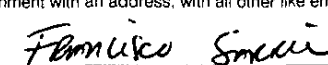
SIGNATURE  DATE **10/17/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>	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	<b>P SARRIA, FRANCISCO 800 PALM FOREST LN CLERMONT, FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  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