## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		s	DEPARTI Secretary	of Sta		1(	O AUG 30 AM IO:	16	
DOCUMENT # P04000111994  1. Corporation Name					er ahassfe.Florida				
MUSTAPHA PAINTING INC.						5/100101901			
2. Principal Office Address - No P.	3. Mailing Office Address				_	182094012			
125 Joyelle Circle		same				08/3	0/1001018004		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				CR2B081 (6/10)  4. Date Incorporated or Qualified To Do Business in Florida				
City & State		City & State			5. FEI Numb	er	✓ Applied For		
Daytona Beach, Florida					20-1423			Not Applicable	
32124 Country Unite	d States	Zip		Country		6. CERTIFICAT	CATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent									
Mustapha Benrahou									
Street Address (P.O. Box Number is Not Acceptable) 125 Joyelle Circle									
Suite, Apt. #, Etc.					1				
<sup>City</sup> Daytona Beach			State FL 3	Zip Code 32124					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblic Signature of Registered Agent REGISTERED AGENT MUST SIGN						digations of section 607.0505 or 617.0503, F.S.  Date 08/23/2010			
9. Names and Street Addresses of	Each Officer and	or Director (Flor	rida nonprofit	corpora	itions must list at le	east 3 directors)			
Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
Rustapha Benrahou			125 Joyelle Circle			9	Daytona Beach, Florida 32124		
								19/8/	
10. E-mail Address: Mben60@aol.com									
(To be used for future annual report notification)  11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  1 08/23/2010 (386) 253-8773  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #									