


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000132420			
1. Corporation Name MOJICA PAINTING, INC.			
2. Principal Office Address 9320 S.W. 164 ST. Suite, Apt. #, etc.		3. Mailing Office Address 9320 S.W. 164 ST. Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA, 33157	
Zip 33157	Country U.S.A.	Zip 33157	Country U.S.A.

FILED
06 JAN 24 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT	
CR2E081 (12/05)	
4. Date Incorporated or Qualified To Do Business in Florida 01/10/2006	
5. FEI Number 8671156031	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name EDDY O. MOJICA	
Street Address (P.O. Box Number is Not Acceptable) 9320 S.W. 164 ST.	
Suite, Apt. #, Etc.	
City MIAMI, FLORIDA	State FL
Zip Code 33157	

300065151583
02/03/06--01010--005 \$900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 01/10/2006	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR.	EDDY OMAR MOJICA	9320 S.W. 164 ST.	MIAMI, FLORIDA, 33157
10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:		Date	Daytime Phone #
EDDY O. MOJICA		01-10-06	305-216-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			