

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000142409 1. Entity Name STEFANO PAINTING INC.			
Principal Place of Business 105 GOLDIES FERN FERN PARK, F 32730		Mailing Address 105 GOLDIES FERN FERN PARK, F 32730	
2. Principal Place of Business - No P.O. Box # 238 Sharon Dr		Mailing Address P.O. Box 151152 -	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. 	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32701		Zip 32715-1152	
Country USA		Country USA	
4. FEI Number 20-1753475		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODOY, GUILLERMO D 105 FERN PARK FERN PARK, FL 32730		7. Name and Address of New Registered Agent Name Piero Porcella Street Address (P.O. Box Number is Not Acceptable) 1348 LAKE DRIVE City CASSELBERY FL Zip Code 32707	
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 Piero Porcella DATE 01/23/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$900.00		11/20/06 01065 006 150-00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☒ Delete NAME GODOY, GUILLERMO D STREET ADDRESS 105 GOLDIES FERN CITY-ST-ZIP FERN PARK, FL 32730	TITLE SECRETARY (S) ☐ Change ☒ Addition NAME ADAN ACUG STREET ADDRESS 12 EGG CENTRAL AV. APTO F WINTER GARDEN CITY-ST-ZIP FL 34787	TITLE PRESIDENT (P) ☐ Delete NAME PORCELLA, EMILIO STREET ADDRESS 238 SHARON DR., APT. A CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	TITLE TREASURER (T) ☐ Change ☒ Addition NAME JUAN BOUTISTA STREET ADDRESS 12 EGG CENTRAL AV. APTO F WINTER GARDEN CITY-ST-ZIP FL 34787 - 34787
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Piero Porcella DATE 01/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



0123107120098 (1/07) **REINSTATEMENT** 06-07

4. FEI Number **20-1753475** ☐ Applied ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Piero Porcella**
Street Address (P.O. Box Number is Not Acceptable)

1348 LAKE DRIVE
City **CASSELBERY** **FL** Zip Code **32707**

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 **Piero Porcella** DATE **01/23/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00 **11/20/06 01065 006 150-00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **GODOY, GUILLERMO D**
STREET ADDRESS **105 GOLDIES FERN**
CITY-ST-ZIP **FERN PARK, FL 32730**

TITLE **SECRETARY (S)** ☐ Change ☒ Addition
NAME **ADAN ACUG**
STREET ADDRESS **12 EGG CENTRAL AV. APTO F WINTER GARDEN**
CITY-ST-ZIP **FL 34787**

TITLE **PRESIDENT (P)** ☐ Delete
NAME **PORCELLA, EMILIO**
STREET ADDRESS **238 SHARON DR., APT. A**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **TREASURER (T)** ☐ Change ☒ Addition
NAME **JUAN BOUTISTA**
STREET ADDRESS **12 EGG CENTRAL AV. APTO F WINTER GARDEN**
CITY-ST-ZIP **FL 34787 - 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: **Piero Porcella** DATE **01/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO FL

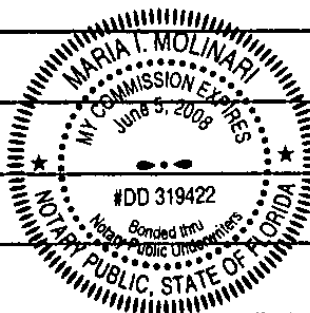
02/29/07

TO WHOM IT MAY CONCERN:

MY NAME IS PIETRO PORCELLA FROM STEFANO
PAINTING MY DOCUMENT # IS P04-000-14-2409
WE TRY TO REINSTATEMENT THE COMPANY FOR OVER
TWO MONTH ALREADY. YOU SUVs SAID THAT YOU SEND
US TWO LETTER WITH WE NEVER RECIVED. NOW
I SEND THIS LETTER. THE REINSTATEMENT AND THE
\$150.00 DOLLARS. THANK FOR YOUR HELP AND ANY
QUESTION YOU CAN CALL AT 407-484-51-23
PLEASE AVOID THE \$600.00 PENALTY

Pietro Porcella

~~21-P-624-665-69-0030~~



M. Molinari
2/27/07