

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 OCT 10 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000004029  
1. Corporation Name  
C & R Imagine Painting, Corp.

2. Principal Office Address <u>13416 SW 112 CT</u>	3. Mailing Office Address <u>"</u>
Suite, Apt. #, etc. <u>"</u>	Suite, Apt. #, etc. <u>"</u>
City & State <u>Miami, FL</u>	City & State <u>"</u>
Zip <u>33176</u>	Country <u>U.S.A.</u>

**REINSTATEMENT 2006**

4. Date Incorporated or Qualified To Do Business in Florida <u>1/7/05</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>10-2128105</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name <u>Carlos P. Gomez</u>	400081301934
Street Address (P.O. Box Number is Not Acceptable) <u>13416 SW 112 CT</u>	10/27/06 - 01051 - 010 **150.00
Suite, Apt. #, Etc. <u>"</u>	
City <u>Miami</u>	State <u>FL</u>
	Zip Code <u>33176</u>

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 [Signature] Date 10/3/06

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
P	Carlos P. Gomez	13416 SW 112 CT	Miami, FL 33176

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 under section 119.07(3)(f), 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: [Signature] Date 10/03/06 305-772-4547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**C & R IMAGINE PAINTING, CORP.**  
**13416 SW 112 COURT**  
**MIAMI, FL 33176**  
**305.772.4347**

October 03, 2006

Florida Department of State  
Division of Corporations

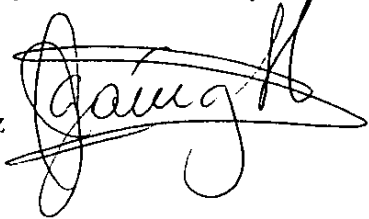
Re: **C & R IMAGINE PAINTING, CORP.**  
**P05000004029**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail so thank you in advance for your time and consideration.

Sincerely,

Carlos P. Gomez  
President

A handwritten signature in black ink, appearing to read 'Carlos P. Gomez', with a large, stylized flourish extending from the end of the signature.