DOCUMENT # P05000012533 1 Corporation Name BRYAN PAINTERS INC. 2. Principal Office Address - No P.O. Box # 11815 SW 3 ST 11815 SW 3 ST Suite, Apt. #, etc. City & State City & State MIAMI, FL MIAMI, FL MIAMI, FL		RPORATI NSTATEM				DEPARTI Secretary ISION OF COR		ATE		SECRI DIVISION 08 MAR	FILED TARY OF OF CORPO	STATE RATIONS 2:07	
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Zip Country Zip Country USA 6* CENTIFICATE OF STATUS DESIRED \$37.5* Additional Fee returned for a Centification of Status Name I. Name and Address of Current Registered Agent Interpretation of Country The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and reguesting the reinstatement fee be waived. Suite, Apt. #. Elc. State Zip Code City State Zip Code MIAMI State Zip Code MiAMI State Zip Code Site, Apt. #. Elc. State Zip Code City MiAMI State Zip Code MIAMI State Zip Code State Site Address of Each Officer and/or Director Florida nonprofit corporations must fat at least 3 directors) Titles 02/26/2008 Titles Officers and/or Director Grower or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when filing the instratement application, has one of discuttor has been eliminated. the corporation are sequence of a certify find at when filing the instratement application, the reason for discuttor has been eliminated. The corporation are sequence of a certify that are filing the resistered application, the reason for discutor or the recoreer or frust	MIAMI,	FL			MIAMI, F	MIAMI, FL							
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JUSTO A. CASTILLO Street Address (P 0. Box Number is Not Acceptable) 11815 SW 3 ST Suite, Apt. #. Etc. City City MIAMI B. L. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Date 02/26/2008 9. Names and Street Addresses of Each Officer and/or Directors Officer and/or Director Officer and/or Directors Officer and/or Director City / State / Zip City / State / Zip PD CASTILLO, JUSTO A. 11815 SW 3 ST MIAMI, FL 33184 02/26/2008 PD CASTILLO, JUSTO A. 11815 SW 3 ST MIAMI, FL 33184 02/26/2008 PD CASTILLO, JUSTO A. 11815 SW 3 ST MIAMI, FL 33184 02/26/2008 City / State / Zip 00 File Date 02/26/2008 Street Addresses of Each Officer and/or Director City / State / Zip Officers and/or Directors Officer and/or Director Officer and/or Director or the receiver or fustee empowered to ex			7. Nar	ne and Address	of Current Regi	stered Agent					_		
	JUSTO A. CASTILLO Street Address (P.O. Box Number is Not Acceptable) 11815 SW 3 ST Suite, Apt. #, Etc. City State Zip Code							de	 circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PD CASTILLO, JUSTO A. 11815 SW 3 ST MIAMI, FL 33184 02/29/09-01043-0016 22/29/09-01043-0016 ##450,00 PD CASTILLO, JUSTO A. 11815 SW 3 ST MIAMI, FL 33184 02/29/09-01043-016 ##450,00 02/29/09-01043-016 ##450,00 PD Control of the control of	Signature	of	registere	Carte	v-			ept the of	bligations of section	02/26			
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 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: 	Titles				ors	Street Address of Each Officer and/or Directo				City / State / Zip			
Image: Signature: 02/26/2008 (305) 559-8167	PD	CASTILL	.O, JU	STO A.		11815 SW 3 ST			MIAMI, FL 3318		84		
Image: Signature: 02/26/2008 (305) 559-8167									800119140928 02/29/0801043016 ***450.00				
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.