PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|---|---|

FILED

08 APR -8 PM 1: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** PO50000I2971

**1.** Corporation Name

ARENAS PAINTING CO.

REINSTATEMENT 06-08

400122579254
04/08/08--01028--006 **\*\*450.00

CR2E081 (1/07)

**2.** Principal Office Address - No P.O. Box #

22632 SW 103 ct

Suite, Apt. #, etc.

City & State

Miami FC

| Zip 33190 | Country USA |

**3.** Mailing Office Address

22632 SW 103 ct

Suite, Apt. #, etc.

City & State

Miami FC

| Zip 33190 | Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number 73-1726286

| Applied For |
| Not Applicable |

**6.** CERTIFICATE OF STATUS DESIRED

**7.** Name and Address of Current Registered Agent

Name Hugo Marcelo Arenas

Street Address (P.O. Box Number is Not Acceptable)

22632 SW 103 ct

Suite, Apt. #, Etc.

| City Miami FC | State FL | Zip Code 33190 |

[X] 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 requesting the reinstatement fee be waived.

**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 _____
REGISTERED AGENT MUST SIGN

Date 4/7/08

**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 | Hugo Marcelo Arenas | 22632 SW 103 ct | Miami FC 33190 |
| | | | |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/7/08

Daytime Phone #