

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 26 AM 8:55

DOCUMENT # P05000014697

1. Corporation Name
Alex Custom Painting Inc.

2. Principal Office Address - No P.O. Box #
1686 Scrub Jay Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
1686 Scrub Jay Rd.
Suite, Apt. #, etc.

City & State
Apopka FL
Zip
32703 Country
Orange

City & State
FL Apopka
Zip
32703 Country
Orange

4. Date Incorporated or Qualified To Do Business in Florida
January 27, 2005

5. FEI Number
20-74445-88 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alexis Marquez
Street Address (P.O. Box Number is Not Acceptable)
1686 Scrub Jay Rd.
Suite, Apt. #, Etc.
City
Apopka State
FL Zip Code
32703

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 [Signature] Date 10/18/2007
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	Alexis Marquez	1686 Scrub Jay Rd	Apopka, FL 32703
			200111206702 12/04/07--01006--010 **\$9.75
			B 11/28/07
			REINSTATEMENT 05-07 200111206702 10/23/07--01024--029 **\$245.00
			200111206702 12/04/07--01006--011 **\$4.00

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] Date 10/18/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #