

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000032157

1. Entity Name
POLO PRO PAINTING INC.



FILED

07 FEB 28 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
263 NW 15 STREET
BOCA RATON, F; 33432 US

Mailing Address
263 NW 15 STREET
BOCA RATON, F; 33432 US

2. Principal Place of Business
263 NW 15 ST

3. Mailing Address
263 NW 15 ST

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State
BOCA RATON FL

Zip 33432 Country West Palm

Zip 33432 Country West Palm

Name and Address of Current Registered Agent

ALENCAR, JADER J
263 NW 15 STREET
BOCA RATON, FL 33432



4. FEI Number
20-2409138

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
263 NW 15 ST

Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432

City
FL

Zip Code

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 JADER JUNIOR ALENCAR Jader Alencar 2.15.07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALENCAR, JADER J 263 NW 15 STREET BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAZAR, JUAN F 263 NW 15 STREET BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JADER JUNIOR ALENCAR Jader Alencar 2/15/07 561-305-5864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #