

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -7 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

DOCUMENT # P05000071721 1. Entity Name EVART PAINTINGS CORP	
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Principal Place of Business 5321 SW 67 AVE. MIAMI, FL 33155	Mailing Address 5321 SW 67 AVE. MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # 12751 SW 128th Suite, Apt. #, etc. 103 City & State Miami FLA Zip 33186	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country US	4. FEI Number Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MOLINA, ANDRES S MR. 5321 SW 67 AVE. MIAMI, FL 33155	7. Name and Address of New Registered Agent Name Emerita G. Lopez Street Address (P.O. Box Number is Not Acceptable) 12751 SW 128th, Mia #103 City FL Zip Code 33186
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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: *Emerita G Lopez* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOPEZ, EMERITA G MRS 15878 SW 71 TER MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NATALY MARTINEZ 12751 SW 128th #103 miami FLA 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR MOLINA, ANDRES S MR. 5321 SW 67 AVE. MIAMI, FL 33155 <input checked="" 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	TRES MARTINEZ, NATALY MRS. 15878 SW 71 TER. MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600088228626 02/13/07--01013--018 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Emerita G Lopez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____