


3964313 Robert Bank.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|---|-----------------------------------|---|--|
| DOCUMENT # <u>CR 2 E 0 8 1</u>  |                                   |   |  |
| 1. Corporation Name<br><u>ALL WOMEN PAINTING INC.</u><br><u>205000139098</u>  |                                   |   |  |
| 2. Principal Office Address - No P.O. Box #<br><u>1530 NW 17 ST</u>   |                                   | 3. Mailing Office Address<br><u>SAME</u>  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |
| City & State<br><u>FT. LAUDERDALE</u>   |                                   | City & State  |  |
| Zip<br><u>33311</u>   | Country<br><u>USA</u>             | Zip<br><u>33311</u>   | Country<br><u>USA</u>  |
| 4. Date Incorporated or Qualified To Do Business in Florida <u>10/11/2005</u>   |                                   |   |  |
| 5. FEI Number<br><u>71-103-108-3</u>  |                                   |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  |                                   |   |  |
| 7. Name and Address of Current Registered Agent   |                                   |   |  |
| Name <u>Valerie Sutcliffe</u>   |                                   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>1530 NW 17 ST</u>  |                                   |   |  |
| Suite, Apt. #, Etc.   |                                   |   |  |
| City<br><u>FT LAUDERDALE</u>  |                                   | State<br><u>FL</u>  | Zip Code<br><u>33311</u>   |
| 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<br><u>Valerie Sutcliffe</u>   |                                   | Date <u>OCT 23, 2007</u>  |  |
| 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   |
| <u>CEO</u>  | <u>Valerie Sutcliffe</u>          | <u>1530 NW 17 ST</u>  | <u>FLL, FL 33311</u>   |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
| 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: <u>Valerie Sutcliffe</u>   |                                   | Date <u>23 OCT 2007</u> <u>954557-990</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Date Daytime Phone # <u>6</u>   |  |

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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