## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # P06000011078  1. Corporation Name  YOSBANY PAINTING INC									FILED  10 FEB 17 AM 9: 24  SECRETARY OF STATE MILLAHASSEE, PLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mail 2715 W MAIN ST SAM Suite, Aot. #, etc. Suite, Ai								-	500169560595 02/18/1001802021 **450.00 cr2E081 (11/09)		
City & State TAMPA, FLORIDA Zip Country 33607 USA				City & State				5	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number 204154164  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Regis Name YOSBANY RAMIREZ  Street Address (P.O. Box Number is Not Acceptable) 2715 W MAIN ST  Suite, Apt. #, Etc.						State Zip Code			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 obling signature of Registered Agent REGISTERED AGENT MUST SIGN									Date <u>02-09-10</u>		
9. Names	s and Street Ad	ddresses o	Each Officer	and/or Director (Flo	orida nonpro	fit corp	orations must list at le	least :	3 directors)		
Titles		ors	Street Address of Each Officer and/or Director					City / State / Zip			
Р	YOSBANY RAN			MIREZ	Z 2715 W MAIN ST					TAMPA, FL 33607	
	RE	IN	STA	ГЕМІ	ENT	T		ñ			
<sup>10.</sup> E-ma	il Addres	s: YES	11014@YAF	ЮО.СОМ							
11. I certify this rein owed by	that I am an of statement app the corporation	fficer or dire	ector or the red reason for dis n paid. I furthe	elver or trustee em solution has been a or certify, the inform	ipowered to eliminated, ti ation indicat	execut he corp ted on t	orate name satisfies	provide the related	ded for in chap equirements o	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees I my signature shall have the same legal effect as if \( \frac{2}{-09-10} \) \( \frac{813-600-7}{230} \) \( \frac{2}{-09-10} \) \( \frac{2}{-0	