

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000017618

1. Entity Name
LESLIE PAINTING SERVICES, CORP.



07 OCT 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
943 SW 66TH AVENUE 46 SW 36th AVE 943 SW 66TH AVENUE 46 SW 36th AVE
MIAMI, FL 33144 33135 MIAMI, FL 33144 33135



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10032007 REIN-P CR2E098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUADRA, LIGIA M 1418 W FLAGLER STREET MIAMI, FL 33135		Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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	PT FLORES, LESLIE M 943 SW 66TH AVENUE 46 SW 36 th AVE MIAMI, FL 33144 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDENCE, TERESA 46 SW 36 th AVE MIAMI, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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REINSTATEMENT

2007
[Signature]

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10/22/07--01013--007 **158.75

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #