

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000071834

1. Corporation Name

PABLO GONZALEZ PAINTING, INC

000085838090
01/23/07--01007--011 **300.00

2. Principal Office Address
12546 NW 11TH LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33182

Country
DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-4926261

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-07

7. Name and Address of Current Registered Agent

Name
PABLO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
12546 NW 11TH LN

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33182

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

Date

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
PRES.	PABLO GONZALEZ	12546 NW 11TH LANE	MIAMI, FLA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

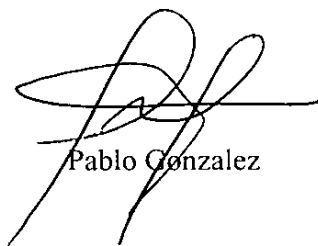
Department of State
Tallahassee, FL 32314

January 10, 2007

Gentlemen:

Enclosed is my reinstatement form for Pablo Gonzalez Painting, Inc. along with a check for \$300. Please waive the penalty due for the past two years as I never received the annual report notice and I did not file it.

Sincerely yours,



Pablo Gonzalez