

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 JUN 29 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000109945**

1. Corporation Name

**TRUJILLO PAINTING, INC.**

2. Principal Office Address - No P.O. Box #

**400 NW 7TH STREET, #6**

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

Zip

**33136**

Country

**U.S.A.**

Zip

Country

**REINSTATEMENT 08-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **09-14-2007**

5. FEI Number

**20-5435059**

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 Registered Agent

Name

**ABRAHAM CASTILLO**

Street Address (P.O. Box Number is Not Acceptable)

**400 NW 7TH STREET, APT. 6**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33136**

**300182738513**  
**06/29/10--01024--001 \*\*150.00**  
**4/28/09 01006 003 150.00**  
**4/28/09 01006 004 150.00**

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

*Abraham Castillo*

REGISTERED AGENT MUST SIGN

Date **06/23/2010**

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
P	ABRAHAM CASTILLO	400 NW 7TH ST. SUITE 6	MIAMI, FL 33136

10. E-mail Address: **mairimlai@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Abraham Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/23/2010**

Date

Daytime Phone #

*7/19/10*