

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PAGE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 PM 4:03

DOCUMENT # P06000146808

1. Corporation Name

PARADISE PAINTING & WATERPROOFING CORP
9999 NE 2ND AVENUE - SUITE 218
MIAMI SHORES FLORIDA 33138

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

9999 NE 2ND AVENUE

Suite, Apt. #, etc.

218

City & State

MIAMI SHORES FLORIDA

Zip

33138

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/22/2006

5. FEI Number

71-1017499

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

UGO V. CHIARATO

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

9999 NE 2ND AVENUE - SUITE 218

Suite, Apt. #, Etc.

218

City

MIAMI SHORES

State

FL

Zip Code

33138

☒ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ugo Chiarato

REGISTERED AGENT MUST SIGN

Date JUNE 11, 2008

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/D | VALDES EDUARDO V. | 9999 NE 2ND AVE - STE 218 | MIAMI SHORES FL 33138 |
| S/T | VALDES CHERYL M. | 9999 NE 2ND AVE - # 218 | MIAMI SHORES FL 33138 |
| | | | |
| | | | |
| | | | |
| | | | |

B 6/19/08
STATEMENT 07-00

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

EDUARDO V. VALDES

PRESIDENT

Date

JUNE 11, 2008 (305) 899.5049

Daytime Phone #

Florida Division of Corporations

June 11, 2008

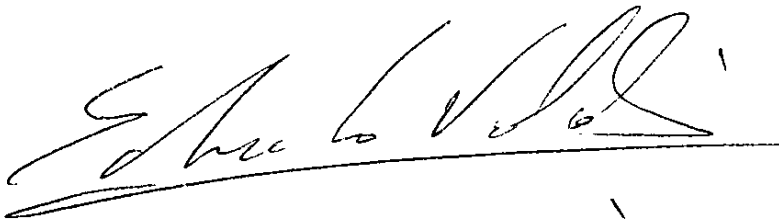
Attached please find my Re-instatement application.

I do officially declare that I have never received Florida Annual Report for the last two years and neither the bank statement affirming my check was NSF.

Please accept my apologies Thanks and regards,

Eduardo U. Valdes, President

9999 NE 2nd Avenue-suite 218 Miami Shores, FL 33138

A handwritten signature in dark ink, appearing to read 'Eduardo U. Valdes', is written over a horizontal line.

P.S. NOTICE THE CHANGES OF ADDRESS