

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000149177	
1. Entity Name SUPER QUALITY PAINTING CORP	



APPROVED
AND
FILED
1/5/08 08 JAN 11 AM 9:50

Principal Place of Business 30 SW 57TH. COURT MIAMI, FL 33144	Mailing Address 30 SW 57TH. COURT MIAMI, FL 33144
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box # 112 NW 45 AVE	3. Mailing Address 112 NW 45 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT	
4. FEI Number	Applied For Not Applicable

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country USA
Zip 33126	Country USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZALDIVAR, JULIAN 30 SW 57TH. COURT MIAMI, FL 33144	
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7. Name and Address of New Registered Agent Name JULIAN ZALDIVAR Street Address (P.O. Box Number is Not Acceptable) 112 NW 45 AVE City MIAMI FL Zip Code 33126	
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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 <i>x Ricardo</i>	DATE 1/5/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZALDIVAR, JULIAN 30 SW 57TH. COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 112 NW 45 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDEZ, JAVIER 30 SW 57TH. COURT MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900114734119 01/11/08--01004--012 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>x Ricardo</i>	DATE 1/5/08 786 3574331