

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
5 SEP 28 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000016178*

1. Corporation Name
E. J. REFINISHING, INC.

2. Principal Office Address
1936-A TIGERTAIL BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
DANIA, FL.

City & State

Zip
33004 Broward

Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0390945

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 *EDISON JARAMILLO* *200060590572*
Street Address (P.O. Box Number is Not Acceptable) *9010 NW 162 TERRACE* *10/13/05--01075--003 **158.75*
Suite, Apt. #, Etc. *200060590572*
City *MIAMI LAKES* *10/13/05--01075--004 **1050.00*
State *FL* Zip Code *33018*

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date *9/24/05*

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
<i>P/D.</i>	<i>JARAMILLO, E.</i>	<i>9010 NW 162 TERR.</i>	<i>MIAMI LAKES FL. 33018</i>
<i>S/D.</i>	<i>JARAMILLO, M.</i>	<i>9010 NW 162 TERR.</i>	<i>MIAMI LAKES FL. 33018</i>
<i>T/D.</i>	<i>JARAMILLO, Y.</i>	<i>9010 NW 162 TERR.</i>	<i>MIAMI LAKES FL. 33018</i>

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 under section 119.07(3)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9/24/05*

Daytime Phone *[Signature]*