

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

92 182

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 993000068610			
1. Corporation Name COLORTEK PAINTING, INC. PO BOX 616711 ORLANDO FL. 32861			
2. Principal Office ORLANDO, FL 32861 P.O. Box 616711 Suite, Apt. #, etc.		3. Additional Office ORLANDO, FL 32861 P.O. Box 616711 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 JUN 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

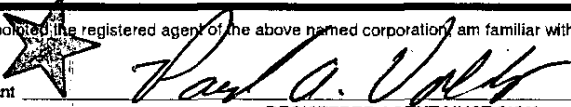
REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3245348	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

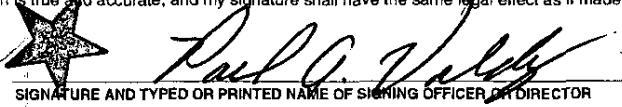
7. Name and Address of Current Registered Agent		
Name PAUL VALDEZ		
Street Address (P.O. Box Number is Not Acceptable) 4957 Walden Circle		
Suite, Apt. #, Etc. (DO NOT USE FOR MAILING ADDRESS)		
City ORLANDO FL.	State FL	Zip Code 32811

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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  REGISTERED AGENT MUST SIGN	Date 5/10/04

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
PRESIDENT	PAUL A. VALDEZ	4957 WALDEN CIRCLE ORLANDO, FL 32808	ORLANDO, FL 32808

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5/10/05 Daytime Phone #

CR2E081 (01/04)

COPY

12/21/02

TO: DEPARTMENT OF STATE

FROM: PAULA VALDEZ (OWNER COLORETTE PAINTING INC.)

TO WHOM IT MAY CONCERN:

IN THE PAST YEAR MY ~~P.O. BOX AT NATIONAL~~
~~MAIL SERVICES 5082 WEST COVINGTON BLVD. A.M.B.~~
~~SUITE 208 ORLANDO, FL 32808~~ HAVE MOVED THEIR
SERVICES TWICE IN THE PAST SIX YEARS.

I AS A COMPANY OWNER, HAD THIS HAPPEN ONCE
TO MANY TIMES SO I RESOLVED THIS PROBLEM
BY PURCHASING A NEW ~~P.O. BOX UNITED STATES~~
~~POSTAL SERVICE P.O. Box 616711 ORLANDO, FL 32861~~
THIS P.O. BOX WILL NEVER CHANGE. IN THIS
MOVE THE COMPANY, HAD NEVER RECEIVED
THE ORIGINAL OR SECOND NOTICE FOR 2002 RENEWAL.
I THEN KEEP GOING BACK AND FORTH ON A
NUMBER OF OCCASIONS FOR WEEKS, TRYING
TO RECEIVE MY FORWARDED MAIL AT NO ATTEMPT.
I AGED ON MY REQUEST, MY REQUEST THAT
THE DATE RANGE BE MADE AGREEABLE TO YOU.

SINCERELY YOURS

PAULA VALDEZ (OWNER COLORETTE PAINTING INC.)