


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2012 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE FALL 2012 12 JAN 17 PM 7:08	
DOCUMENT # 093000068610 1. Corporation Name COLORTEK PAINTING INC.					
2. Principal Office Address - No P.O. Box # 4957 WALDEN CIRCLE			3. Mailing Office Address P.O. Box 616711		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORLANDO, FL.			City & State ORLANDO, FL.		
Zip 32811	Country ORANGE	Zip 32801	Country ORANGE	4. Date Incorporated or Qualified To Do Business in Florida 9/27/93	
				5. FEI Number 59-3245348	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PAUL A. VALDEZ					
Street Address (P.O. Box Number is Not Acceptable) 4957 WALDEN CIRCLE					
Suite, Apt. #, Etc.					
City ORLANDO		State FL	Zip Code 32811		
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 Paul A. Valdez				Date 1/13/2012	
REGISTERED AGENT MUST SIGN					
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 32811	
10. E-mail Address: VALDEZ.COLOTECH@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.					
SIGNATURE: Paul A. Valdez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/13/2012 Daytime Phone # 407-52-6770					