

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV -4 PM 4:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000072949**

1. Corporation Name
MIAMI'S PAINTING SOLUTION, INC.

Principal Place of Business
 14771 S.W. 144 TERRACE
 MIAMI FL 33196

Mailing Address
 14771 S.W. 144 TERRACE
 MIAMI FL 33196



100002684761--5

-11/10/98-01076-024

***308.75 ***306.75
 09/03/1996

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1561 WOODBRIDGE LK. CIR.

3. New Mailing Office Address, If Applicable
1561 WOODBRIDGE LK. CIR.

4. Date Incorporated or Qualified To Do Business in Florida
09/03/1996

Suite, Apt. #, etc.

5. FEI Number
65-0696744

Applied For
 Not Applicable

City & State
West Palm Beach, FL

Zip
33406

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JUAN A. BARBOZA	1561 WOODBRIDGE LK. CIR.	W. P.B., FL. 33406
V	JOSE TORRES	641 STANTON DR.	WESTON, FL 33326

REINSTATEMENT 97-98
 B. 11/6/98

8. Name and Address of Current Registered Agent

TORRES, JOSE
 14771 S.W. 144 TERRACE
 MIAMI FL 33196

9. Name and Address of New Registered Agent

Name
JOSE TORRES

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

Suite, Apt. #, Etc.

City
WESTON

State
FL

Zip Code
33326

10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **OCT 23, 1998**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED** Date **10/23/98** Daytime Phone # **(954) 217 0752**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN A. BARBOZA

CR2E040 (8/97)