APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	COMPLETING THIS FORM.
DOCUMENT # P96000091692 1. Corporation Name			
J & J PAINTING & STORM	SHUTTERS INC.		
Principal Place of Business 1777 West 57th Street	Mailing Address		
Hialeah, Florida 330	12 (same)		REINSTATEMENT 48-90
If above addresses are incorrect in any way, line th 2. New Principal Office Address, If Applicable	rough incorrect information and enter 3 New Mailing Address, II Applic		DO NOT WHITE IN THIS SPACE 4. Dute incorporated or Qualified
Suite, Apt #, etc.	Suite, Apt #, etc		To Do Business in Florida 11/7/96 5 FEL Number Applied For
City & State	City & State		65-0707189 Applied For Not Applicable
Zip Country	Zip Counti	ry ``	GEFITIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	a sa san sai waa aan ah saa si's s		sst 3 directors)
Title(s) Name of Officers and/or Directors 2	O	reet Address of Each fficer and/or Director Ise Post Office Box N	City / State / Zip
Pres. Jesus A. Abreu	1777 West	57th Stree	et Hialeah, Florida 33012
			-03/03/9901047016 *****78.75 *****78.75 9000027932491 -03/10/9901093022 ****830.00 ****830.00
Ramona Coronado 7360 Coral Way Suite 21 Miami, FL 33155 City Hialeah 19. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 18. Name 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 17. Description of Section 607 0505, F.S. 18. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 17. Description of Section 607 0505, F.S.			Abreu O Box Number is Not Acceptable) st 57th Street State Zip Code FL 33012
Signature of Registered Agent	egistered agent must sign	vith and accept the of	Digations of Section 607.0505, F.S
11. Does this corporation pay Dept. of Revenue under S.	any intangible tax to the 199.032, Florida Stat	ne tutes. Yes	X No (See other side for information on intangible tax.)
lease the Division of Corporations from any liabil certify that I am an officer or director or the rece this reinstatement application the reason for dis	lity of non-compliance with Section 1: eiver or trustee empowered to execut isolution has been eliminated, the co	19 07(3)(k) in the eve te this application as irporate name satisfie	y for the exemption stated in Section 119.07(3)(K), Florida Statutes. Freefil that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as it made.
SIGNATURE: SIGNATURE AND TYPES OR PE	TINTED NAME OF SIGNING OFFICER OR	DIRECTOR	3/8/99 305 - 825-2407 Date Daytime Prione #