

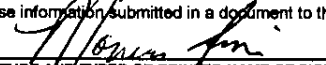


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004417			
1. Corporation Name Preferred Painting, Inc.			
2. Principal Office Address - No P.O. Box # 3152 53rd Street		3. Mailing Office Address 3152 53rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34234	Country USA	Zip 34234	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida January 10, 1997	
Name Monica Janis		5. FEI Number 65-0719573	
Street Address (P.O. Box Number is Not Acceptable) 3152 53rd Street		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Sarasota	State FL	Zip Code 34234	700214531407 11/22/11--01007--007 **900.00
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 		Date 10/31/2011	
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
P	Michael Janis	3152 53rd Street	Sarasota, Florida, 34234
S	Monica Janis	3152 53rd Street	Sarasota, Florida, 34234
REINSTATEMENT 5010-11			
10. E-mail Address: MJanis101@aol.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.817.155, F.S.			
SIGNATURE: 		MONICA JANIS - S 10/31/11 941809-1896	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #