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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT STATEN			S	Secretary	TMENT OF S y of State orporations	TATE		0		1_17 -7 13 12	7- ¢ ₀	
DOCUMENT # P97000044486										C.C.		- O(i	
1. Corporation Name Paradise Painting of Western FTo							alnc		1.74	L. L. 1. 1. 1.	e e Sta	.J <u>.</u>	
Tai	uuis	, -	· ,					AR					
2. Principa	al Office Addr	ess	1	3. Mailing C	3. Mailing Cffice Address								
7145 Suite, Apt. 1	<u>58 b</u>	Stre	ret N	7145 587 St N. =				REINSTAPENENT 05-06					
Suite, Apt. 1	r, etc.			Suite, Apt. #, etc.				4. Date Incorporated or Qualified					
City & State	,			City & State				To Do Business in Florida 5. 16. 97					
	Pinellas Park, FL			PLINEILASPARKEL				5. FEI Number Applied For Not Applicable					
zip 337	18	Country	nellas	33.18		Pincello	15	6. CERTIFICATE	OF STATU	IS DESIRED		onal Fee required	
<i></i> .		1 1 1	CHO			ddress of Curren	t Register	ed Agent			TOTA CETT	ricate of Status	
	Name												
	Charles A. Kueker Street Address (P.O. Box Number is Net Acceptable)												
	521669th St. E. Sutte, Apt. #, Etc.												
	"Pa	lme	= HO, F	<u> </u>	422	21			FL State	Zip Code 342	اع!		
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												
				GISTERED AG									
	and Street A	Addresses	of Each Officer an	I/or Director (Flo	actor (Florida nonprofit corporations must list at least Street Address of Each								
Titles	Officers and/or Directors			Officer and/or Director 5216 69th 5t-			or Director			City	/ State / Zip		
P	cho	urles	A BU	eker	Po	inetta		=. _ 34221	Po	alme	<u>Ho, F</u>	-L 3421	
4	Hela	mie	Byek	er .	521	Le Le 9th	57	. E.	Pal	metto	, FL 3	34221	
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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 settisfies 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 contained in Chapter 119, 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: 1.2.06 727-430-7845 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Data Data Data Data Data Dat											<u>0-1832</u>		

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To Whom It May Concern,

November 2, 2006

Hi, my name is Charles Bucker with Paradise Painting of Western Florida, Inc., EIN# 65-0340713 Document # P97000044480. We just received word that our corporation is "inactive" as of Sept. 15, 2005. We have not received any notices informing us of this and we were shocked when we heard. We ask that you waive the late fees due to this err and we deeply apologize for the problems that this had caused. We are going to rectify this problem and ensure that it will not happen again.

Thank You,

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Charles Bueker of Paradise Painting of Western Florida, Inc.

Office Phone: 727-384-4942

Fax: 941-729-2728

Email: cabueker@yahoo.com