


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97 0000 6270			
<b>1. Corporation Name</b> SUPREME PAINTERS CORPORATION.			
<b>2. Principal Office Address</b> 2000 SW 13 ST Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2000 SW 13 ST Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33135	<b>Country</b> U.S.A.	<b>Zip</b> 33135	<b>Country</b> U.S.A.

AB

**REINSTATEMENT 03-04**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/17/97		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. FEI Number</b> 65-0774932		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		

WOP

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Alexander Zelaya	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2000 SW 13 ST	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> Miami	<b>State</b> FL
<b>Zip Code</b> 33135	

**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** 3/10/04  
**REGISTERED AGENT MUST SIGN**

CRZED01 (9/01)

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD.	Alexander Zelaya	2000 SW 13 ST	Miami, FL 33135

500030931485  
03/29/04--01064--008 \*\*300.00

**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 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:** \_\_\_\_\_ **Date** 3/10/04  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

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8.8.  
20812

SUPREME PAINTERS CORPORATION  
2000 SW 13<sup>TH</sup> ST  
MIAMI, FL 33135  
(305-291-9924)

March 10, 2004

Florida Department of State  
Division of Corporations

Re: **SUPREME PAINTERS CORPORATION**  
**Document # P97000062270**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification for 2003 the mail, so thank you in advance for your time and consideration.

Sincerely,

Alexander Zelaya  
President

