PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORAT		Se	EPARTMENT OF Cretary of State ON OF CORPORATION				TLED 126 PM 4:3	; 		
DOCUMENT # P97 0 0 0 0 8 3 9 0 3 1. Corporation Name C.P. Paints, Inc.						SECRETARY OF STATE TALLAHASSEF, FLORIDA					
	it Terrace										
Principal Office Address 108 First Terrace			3. Mailing Office Address 108 First Terrace								
Suite, Apt. #, etc. Suite, Apt. #,						4. Date Incorp					
City & State West Palm Beach, FL			City & State West Palm Beach, FL			5. FEI Number Applied For 650788297 Not Applied by Applied For					
Zip 33418-3601		Country USA	Zip 33418-360	Country USA		6. CERTIFICATE	CERTICICATE OF STATIO DESIDED		ditional Fee ertificate of	required	
Cuillo, Vincent James Street Address (P.O. Box Number is Not Acceptable) 108 First Terrace Sulte, Apt. #, Etc. City West Palm Beach State Zip Code 33418-36										₹	
8. I, being appointed the registered agent of the above named compration, am famillar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN							biligations of section 607.0505 or 617.0503, F.S. Date 10/19/2004				
9. Names	and Street A	ddresses of Each Officer a	nd/or Director (Florid				<u> </u>		· · · · · ·		
Titles	S Name of Officers and/or Directors		Street Address of E Officer and/or Direct								
Р	Cuillo, Vincent James		None and American	108 First Terrace			West Palm Beach, FL-33418-3601				
	0204										
						10/2	000 6/04-	0421953 -01083850	:208 :53	-75	
											
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 filling 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)(i), 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: Date Date Daytime Phone #											

C.P. Paints, Inc. 108 First Terrace West Palm Beach, Fl 33418 561-310-6952

October 19, 2004

Department of State Division of Corporations -P.O.-Box 6327-Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement Application for C.P. Paints, Inc. As per my conversation with a representative from your office at the Department of State, I have been instructed to notify you that renewal paperwork was not received by my company.

I have included payment of \$308.75 which will cover the renewal fee for 2003 and 2004 as well as the Certificate of Status for 2004. Please contact me at the above listed telephone number should you have any questions.

Respectfully,

James Cuillo President

Enc.