

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2007 MAR -5 PM 2:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

200093743882 03/19/07--01051--015 **450.00

CR2E081 (1/07)

DOCUMENT # P98000027262

1. Corporation Name

V&T PAINTING AND WATERPROOFING INC.

2. Principal Office Address - No P.O. Box #

15500 SW 296 ST.

3. Mailing Office Address

15500 SW 296 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL.

City & State

Homestead FL.

Zip

33033

Country

Zip

33033

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/24/98

5. FEI Number

65-0831451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Esteban Vergara.

Street Address (P.O. Box Number is Not Acceptable)

15500 SW 296 ST

Suite, Apt. #, Etc.

City

Homestead FL

State

FL

Zip Code

33033

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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, P.S.

Signature of Registered Agent

Esteban Vergara

Date 02/26/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Esteban Vergara	15500 SW 296 st	Homestead FL 33033
VP	Basilio I Tapanes	929 SW 136 st.	Miami, FL 33184

REINSTATEMENT 05-07

B 3/6/07

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 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

Esteban Vergara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/06

Date

385-293-8883

Daytime Phone #