PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINST PLANS
REINSTALLMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P99000004842 **DOCUMENT #**

1. Corporation Name

QUEEN PAINT CORP.

Principal Place of Business

Mailing Address

5445 NW 173 DR. MIAMI FL 33055

3120 SW 39 AVE

HOLLYWOOD FL 33023

FILED

02 DEC 20 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above ac	ddresses are incorrect in any way, line thro	ough incorrect in	formation and ente	r correction below.			·	
2. New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable		Date incorporated or Qualified To Do Business in Florida 01/19/1999			
Suite, Apt. #, etc. Suite, Apt. #, e					5. FEI Number			
City & State City & State					-	65-0958657 Not Applicable		
miami Shores, FL. Miami			Shores	F-L,	6.		.75 Additional Fee required	
^{Zip} 33/	SO Country USA	^{Zip} 33/s	0 00	ŠA	CERTIFICATE	OF STATUS DESIRED L.J	for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor						
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
PVST	HERNANDEZ, LEONARDO	5445 NW 173 DR .			MIAMI-FL 33055 -			
PVST	HERNANDEZ, LEO	NARDO	87 Nu) 100 Sl		miami shor	15,FL,33150	
		- 40.			1 Or 12/20/	00096151 0201034007	51 **150.00	
				Mrs.	X2M			
Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
HERNA	ANDEZ, LEONARDO		HERNANDEZ, LEONARDO Street Address (P.O. Box Number is Not Acceptable)			D		
	BAY DR.		Street Address	Street Address (P.O. Box Number is Not Acceptable) 87 NW 100 St.				
#31-A			Suite, Apt. #, E					
	BEACH FL 33141	1	miami shores State Zip Code FL 33 150			133150		
10. I, being	g appointed the registered agent of the abo	ove navnod oprov	oration, am familiar	with and accept the	e obligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	
Signature o Registered	Agent R	//	ENT MUST SIGN	UIRED		Date	er certify that when filing	
this rein	that I am an officer or director or the rese statement application, the reason for diss y the corporation have been paid and the application is true and accurate, and pry s	olution has been names of individ	eliminated, the co luals listed on this	rporate name satisf form do not qualify :	ies the requirements for an exemption ип	s of section 607.0401 of 617.	0401, F.S., mar an iees	

SIGNATURE: OR PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR

Date

License - Insured
Interior & Exterior - Waterproofing - Hi Rise Painting CC# 99BS00309
87 NW 100 St. Miami Shores, Florida 33150 Ph:(305)756-9919 Fax:(305)756-9913

Miami, FL. November 5, 2002

Sirs:

FLORIDA DEPARTMENT OF STATE. Division of Corporations.

Dear Sirs:

Please find enclosed application that we requested by phone few days ago, and please let this letter inform you that we never received any rejection letter or any comments form the Uniform Business Report before, reason why we decided to contact your office.

Besides the application for reinstatement, you will find a check for \$150.00 as well as a copy of the last letter you sent us.

We appreciate your help and comprehension with this matter.

Sincerely regards,

Leonardo Hernández QUEEN PAINTING CORP. President.