

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR - 1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212008 REIN-P CR2E098 (1/07)

DOCUMENT # P99000016473 1. Entity Name OSCAR'S PAINTING, INC.					
Principal Place of Business 8995 NW 170 LN HIALEAH, FL 33018			Mailing Address 8995 NW 170 LN HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box # 8975 NW 178 LN Suite, Apt. #, etc.		3. Mailing Address 8975 NW 178 LN Suite, Apt. #, etc.			
City & State MIAMI LAKES, FLORIDA		City & State MIAMI LAKES, FLORIDA		4. FEI Number 65-0896502	
Zip 33018		Country USA		Applied For Not Applicable	
Zip 33018		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, PEDRO O 8975 NW 178 LN HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TORRES, PEDRO O 8975 NW 178 LN HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700121776337 04/01/08--01016--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, ESTEBAN H 913 WEST 79TH PLACE HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				Date: 03-27-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

REINSTATEMENT 07-08^{KS}