

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035319

1. Corporation Name

O.O. Painting Inc.

2. Principal Office Address

1057 Spring Garden

Suite, Apt. #, etc.

Rd. Apt. 7

City & State

miami - FL

Zip

33136

Country

USA

3. Mailing Office Address

1057 Spring Garden

Suite, Apt. #, etc.

Rd. Apt 7

City & State

miami - FL

Zip

33136

Country

USA

REINSTATEMENT CR2E081 (12/05) 02-06

4. Date Incorporated or Qualified To Do Business in Florida

4-22-99

5. FEI Number

1050912201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oscar Quesada

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

1057 Spring Garden Rd.

Suite, Apt. #, Etc.

Apt # 7

City

miami

State

FL

Zip Code

33136

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

REGISTERED AGENT MUST SIGN

Date 5-3-06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Oscar Quesada	1057 Spring Garden Rd. Apt 7	Miami FL 33136

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-3-06

Date

Daytime Phone #

305-326-9995