PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 37 /** 9:26
DOCUMENT # A-MAN. 1. Corporation Name	Atee Painting IW. 3718	SECRE TALLAHASILLE, FLORIDA
2. Principal Office Address 66 Wing HAVEN W	3. Majling Office Address (SAUC)	02/25/04 90048 030 \$150.0 REINSTATEMENT 04-05
Suite, Apt. #, etc. Herce F	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 4–28–99 (120)4
City & State	City & State	5. FELNumber 1 5-879 Applied For Not Applied ble
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name PAID 700054210717 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. PAID 700054210717 Suite, Apt. #, Etc. PAID 700054210717 Suite, Apt. #, Etc. 34949		
City		State Zip Code
Signature of Registered Agent Repostered Agent MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Street Address of Each		
Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director City/State/Zip Dhilip T FASAWD GG Wing Havan Have FA Rence Fl. 34949		
		(Preschoul)
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 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: SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #		

TO Flored Dapt of SHE MARCH-21-05 OX I SENT YOU A CHECK IN APR.1-20-04 FOR \$150.00 HAH, YOU RECEAUD! WHEN I called ON MARCH-21-05. I were Received Your correction notice in the MAIL I had A TERE IN MY home BACK thow & NEVER got refler maybe this was the problem. I sending YOU & Check NOW FOR \$150. to Re.NSIAHE NO! THUKS FOR YOUR A MUSTED DATED IV. DX# P990000 38718 FFIN# 6509/3079. B. I HAVE 46:11S CHAT YOUR WAS & MESS BUT NOW WERE