


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

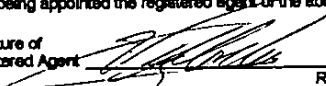
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000097855					
1. Corporation Name MARVIN'S PAINT, INC					
2. Principal Office Address 342 NE 35th ST			3. Mailing Office Address 342 NE 35th ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33137	Country USA	Zip 33137	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/05/1999	
5. FEI Number 589447499				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	

FILED
Dec 21, 2006 8:00 A.M.
Secretary of State

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name Marvin Valladares	
Street Address (P.O. Box Number is Not Acceptable) 342 NE 35th STREET	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33137	

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**  **Date** 12-19-06

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
Prs.	Marvin Valladares	342 NE 35th ST	Miami, FL 33137

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

12/19/06

Date

305-573-5187

Daytime Phone #

786-234-
8287