

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoo
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059676**

1. Corporation Name

GEMELO VARGAS PAINTING CORP.

Principal Place of Business

430 NW 33 AVENUE
MIAMI FL 33125

Mailing Address

430 NW 33 AVENUE
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04



200027653842
01/27/04--01017--010 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2002

5. FEI Number

02-0609028

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	VARGAS, RENE	430 NW 33 AVENUE	MIAMI FL 33125

8. Name and Address of Current Registered Agent

VARGAS, RENE
430 NW 33 AVENUE
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-21-04

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 (305)643-2983

CR2E040 (7/03)

March 2, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 6327 Tallahassee, FL 32314

Re: Corporate Annual Fee# P02000059676

Dear Secretary of State,

I did not receive the UBR for last year 2003, only the Application For Reinstatement for the year 2003, so please, forgive me the late fee. I really did not know that I had to pay an annual report fee it's my first experience, this the second letter explaining to you my matter about this corporation.

Furthermore, I sent \$300 for 2003 and 2004 annual fee. Please, reinstate my corporation because otherwise I will not be able to open my business. If it is not possible to forgive the late fee, I will not continue looking future contract to work. Otherwise, refund the \$300 originally sent since I cannot afford the fees at this moment because I'm not working, I will appreciate your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rene Vargas', written over a circular stamp or seal.

Rene Vargas
President