

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



800023792558
10/14/03--01059--025 **150.00

DOCUMENT # P94000012316

1. Corporation Name

MIRABEL PAINTING & PRESSURE CLEANING INC.

Principal Place of Business

Mailing Address

11452 SW 10 CT
FT LAUDERDALE FL 33325
US

11452 SW 10 CT
FT LAUDERDALE FL 33325
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1994

5. FEI Number

65-0466866

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LESAGE, JACQUES	11452 SW 10 CT	FT LAUDERDALE FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESAGE, JACQUES

~~11382 SW 10 MANOR~~ 11452 SW 10 CT
FT LAUDERDALE FL 33325

Name

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 OCT 8-03

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:

Jacques Lesage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 8-03 - 954-471-9495

CR2E040 (7/03)

Florida 10-8-03

To whom it may concern

I did not receive the

2003 corporation annual

REPORT / UNIFORM BUSINESS
REPORT.

Following our conversa-
tion please call

I include my check
and fill out this form

Thank you

Jacques Leach

Mirabel Panting