

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 251601

Corporation Name

Marshall Painting Inc.

Principal Office Address

3. Mailing Office Address

319 SE 1st Ave

P.O. Box 800648

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hallandale, Florida Miami, FLA.

Country

Zip

Country

33009

USA

33280-0648

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1961

5. FEI Number

59-0943192

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

Marshall Furshman

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

319 SE 1st Ave

Suite, Apt. #, Etc.

City

Hallandale

State

FL

33009

500003230135-5
-05/01/00-01003-018
***438.75

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

Marshall Furshman

REGISTERED AGENT MUST SIGN

Date

4/6/00

8. 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
FD	Marshall Furshman	319 SE 1 st Ave.	Hallandale, Fla. 33009
VD	Brett Furshman	319 SE 1 st Ave.	Hallandale, Fla. 33009
SD	Marlene Furshman	319 SE 1 st Ave.	Hallandale, Fla. 33009

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:

Marshall Furshman Marshall Furshman 4/6/00 954.454-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)