

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

490745
Aetna Painting, Inc.

2. Principal Office Address

931 N. Miami Avenue
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33101

Country
Miami-Dade

3. Mailing Office Address

P. O. Box 11723
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33101

Country
Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-1640346

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

Mr. Kenneth Stowe

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

931 N. Miami Avenue

Suite, Apt. #, Etc.

City

Miami

300003350033-8

-08/08/00--01080--04

***2195.00 ***2195.00

300003350033-8

-08/08/00--01080--05

*****8.75 *****8.75

State
FL

Zip Code
33101

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

REGISTERED AGENT MUST SIGN

Date

7/17/00

9. 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 |
|--------|--------------------------------------|---|----------------------|
| P-D | Kenneth Stowe | 931 N. Miami Avenue | Miami, Florida 33101 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth I. Stowe
(Pres.)

Date

7/17/00

Daytime Phone #

(305) 374-8000