

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Apr 26, 2001 8:00 A.M.
Secretary of State

DOCUMENT # **K42330**

1. Corporation Name

STATE PAINTING CORP.

2. Principal Office Address

9334 S.W. 21 TERR

Suite, Apt. #, etc.

City & State

MIA FL

Zip

33165

Country

DADE

3. Mailing Office Address

9334 S.W. 21 TERR

Suite, Apt. #, etc.

City & State

MIA FL

Zip

33165

Country

DADE

000004212540--1

-05/11/01--01118--006

******300.00 ****300.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0114206

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

LUIS CORTES

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

9334 S.W. 21 TERR.

Suite, Apt. #, Etc.

City

MIA

State
FL

Zip Code

33165

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-28-01

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 LAURENTINO GARCIA

10120 S.W. 38 TERR.

MIA, FL 33165

VP LUIS CORTES

9334 S.W. 21 TERR.

MIA, FL 33165

REINSTATEMENT 00-01

mw

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 application are 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

[Signature]

Date

3-28-01

Daytime Phone #

305-477-8088

CR2E081 (9/00)