

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75327**

1. Corporation Name

MIAMI PAINTING COMPANY, INC.

Principal Place of Business

**17352 NW 61ST CT.
MIAMI FL 33015**

Mailing Address

**17352 NW 61ST CT.
MIAMI FL 33015**

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

2. New Principal Office Address, If Applicable

5940 S.W. 114 Ter
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5940 S.W. 114 Ter.
Suite, Apt. #, etc.

City & State

Miami Fl.

City & State

Miami Fl.

Zip

33156

Country

Dade

Zip

33156

Country

Dade

4. Date Incorporated or Qualified
To Do Business In Florida

03/17/1989

5. FEI Number

65-0257621

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FARSHADI, SHAHROKH	17352 NW 61ST CT.	MIAMI FL 33015
VT	EMAMIUREH, ENTERAM A	17352 NW 61ST CT.	MIAMI FL 33015

100002346851--4
-11/13/97--01091--006
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**EMAAMIUREH, ENTERAM A.
17352 NW 61ST CT.
MIAMI FL 33015**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **Nov. 1 97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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] **Shahrokh Farshadi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 1 97 6613890

CP2E040 (8/97)