

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K 75 327

1. Corporation Name

Miami Painting Co. INC.

2. Principal Office Address

12861 S.W. 63ct.

3. Mailing Office Address

12861 S.W. 63ct.

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33156

Country

Dade

Zip

33156

Country

Dade

REINSTATEMENT 03-05
1/20/05 01022 005 \$450.00

4. Date Incorporated or Qualified
To Do Business in Florida

3-24-89

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. Name and Address of Current Registered Agent

Name

Shahrokh Farshadi

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

12861 S.W. 63ct.

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33156

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

S. Farshadi

Date 1-27-05

REGISTERED AGENT MUST SIGN

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.	Shahrokh Farshadi	12861 S.W. 63ct.	Miami FL 33156
V.	Ehteram Emami-Ureh	12861 S.W. 63ct.	Miami FL 33156

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:

S. Farshadi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Date

Daytime Phone #

CR2E081 (01/04)