


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
~~REINSTATEMENT~~  
**2004 UBR**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *K 90795*

**1. Corporation Name**  
*Victor's Painting, Inc.*

**2. Principal Office Address**  
*8215 Ibis Club Dr*  
Suite, Apt. #, etc.  
*103*  
City & State  
*Naples FL*  
Zip  
*34104* Country  
*USA*

**3. Mailing Office Address**  
*8215 Ibis Club Dr*  
Suite, Apt. #, etc.  
*103*  
City & State  
*Naples FL*  
Zip  
*34104* Country  
*USA*

**FILED**  
**04 JUL 20 PM 3:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**4. Date Incorporated or Qualified To Do Business in Florida** *05-25-1989*

**5. FEI Number** *65-0169831* 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  
*Ansel Va Verde*

Street Address (P.O. Box Number is Not Acceptable)  
*8215 Ibis Club Dr. # 103*

Suite, Apt. #, Etc.

City  
*Naples* State  
**FL** Zip Code  
*34104*

**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 *X*

Date *7*

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
<i>P/S/H/O</i>	<i>Ansel Va Verde</i>	<i>8215 Ibis Club Dr. #103</i>	<i>Naples, FL 34104</i>

**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:** *X Ansel J. Va Verde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Victor's Painting, Inc.  
8215 Ibis Club Drive Apartment 103  
Naples, FL 34104

July 8<sup>th</sup>, 2004

Dept of State  
Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

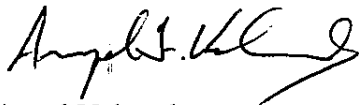
RE: Corporation admin dissolution for annual report

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$150.00, fee for 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



Angel Valverde  
President  
Victor's Painting, Inc.