

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 16 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000013312

1. Corporation Name

Zuleta Painting Services, Inc.

**REINSTATEMENT** 01-04

400028782684  
02/16/04--01013--023 \*\*1208.75

2. Principal Office Address

956 Ponderosa Pine Ct Same

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando, F

Zip

32825

Country

US

City & State

Same

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2/00

5. FEI Number

593623431

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

Jose M. Zuleta

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

956 Ponderosa Pine Ct.

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code

32825

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

☒ Jose M. Zuleta

REGISTERED AGENT MUST SIGN

Date 2-11-04

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
Pres	Jose M. Zuleta	956 Ponderosa Pine Ct	Orlando, FL 32825

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:

☒ Jose M. Zuleta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

(321) 689-0674

Daytime Phone #

CR2E081 (01/04)

February 10, 2004

Request for reinstatement

Re: Mayra Nursery Inc  
1704 NW 3<sup>rd</sup> Terrace # 105  
Florida City, Fl 33034

I request a waiver in the penalty to reinstate my corporation, the reason I did not file before is that I never received the documents.

Very truly

A handwritten signature in cursive script, appearing to read 'Lazaro Galban', written over a horizontal line.

Lazaro Galban