

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000049147

**1. Corporation Name**

Carlos Milanes Painting And Water P. Inc.

**2. Principal Office Address**

12475 SW 9th Terr

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33184

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

05/17/2000

**5. FEI Number**

65-1013666

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

Carlos Milanes

Street Address (P.O. Box Number is Not Acceptable)  
12475 SW 9th Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

**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

Date

6/15/05

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
PD	Carlos Milanes	12475 SW 9th Terr	Miami, Florida 33184

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/05

Daytime Phone #

CR2E081 (01/05)

June 15, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314-6198

Re: Annual Report Payment  
CARLOS MILANES PAINTING AND WATER P. INC.  
12475 SW 9<sup>th</sup> Terr  
Miami, Florida 33184  
Tax ID# 65-1013666  
Document # P00000049147

This letter serves as a formal request to reactivate the above referenced corporation. I am enclosing a payment in the amount of \$600.00 which represents the annual fee for the year 2002, 2003, 2004, and 2005 and a Corporation reinstatement form. I apologize for the failure to notice that payment had not been made. However, our offices relocated and we had not received any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred.

Should you require additional information or have any questions, please call our office.

Thank you for your prompt attention to this matter.



Carlos Milanes  
President  
(786) 290-5285