

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
07 OCT 12 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049147

1. Entity Name  
CARLOS MILANES PAINTING AND WATER P. INC.



Principal Place of Business  
12475 SOUTHWEST 9TH TERRACE  
MIAMI, FL 33184

Mailing Address  
12475 SOUTHWEST 9TH TERRACE  
MIAMI, FL 33184

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10082007 REIN-P CR2E098 (1/07) 07

4. FEI Number 65-1013666 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MILANES, CARLOS  
12475 SOUTHWEST 9TH TERRACE  
MIAMI, FL 33184

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MILANES, CARLOS  
STREET ADDRESS 12475 SOUTHWEST 9TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 200110743152  
STREET ADDRESS 10/12/07--01063--009 \*\*\*8.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200110743152  
STREET ADDRESS 10/12/07--01063--010 \*\*\*750.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/07 786 2905285  
Date Daytime Phone #

10/12/2007