

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000076662

1. Entity Name
A P C PAINTING CORPORATION



Sales
DIVISION

06 OCT 31 AM 11:23

Principal Place of Business
**5685 E. 2 AVE
HIALEAH, FL 33013**

Mailing Address
**5685 E. 2 AVE
HIALEAH, FL 33013**

REINSTATEMENT 06



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10252006 REIN-P CR2E098 (11/05)

4. FEI Number
65-1036760

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PAMAYO, CARLOS DUENO
6703 INWOOD AVENUE
NORTH LAUDERDALE, FL 33068**

7. Name and Address of New Registered Agent
Name **PAMAYO, CARLOS DUENO**
Street Address (P.O. Box Number is Not Acceptable)
5685 E 2 AVE
City **HIALEAH** FL Zip Code **33013**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAMAYO, CARLOS DUENO 5685 E. 2 AVE. HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD00012749 <input type="checkbox"/> Change <input type="checkbox"/> Addition (0/31/06--01037-021) +\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

10/25/06 (786) 299-7094
Date Daytime Phone #