

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 MAY -6 AM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101314

1. Corporation Name

Nice Color Home Improvements
The Professional Inc. *

2. Principal Office Address

7285 nautica way

Suite, Apt. #, etc.

3. Mailing Office Address

7285 nautica way

Suite, Apt. #, etc.

City & State

Lake worth

City & State

Lake worth

Zip

33467

Country

U.S.A

Zip

33467

Country

U.S.A

400018304924
05/06/03--01096--022 **317.50

2002-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

Oct-27-2000

5. FEI Number

65-1055404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Henry Orlando Cepeda

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

7285 nautica way

Suite, Apt. #, Etc.

City

Lake worth

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date Mar-14-03

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 |
|--------|--------------------------------------|---|---------------------|
| P. | Henry Orlando Cepeda | 7285 nautica way | Lake worth FL 33467 |
| | | | |
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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

Apr-24-03

Date

954 6755415

Daytime Phone #

CR2E081 (10/02)