

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000000283

1. Corporation Name

A NEW LOOK PAINTING, INC.

2. Principal Office Address

19713 N.W. 49TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

19713 N.W. 49TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33055

Country

USA

Zip

33055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2000

5. FEI Number

65-1093040

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

MARIO ALVAREZ

800007076713-3

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

19713 N.W. 49TH PLACE

08/13/02-01049-015

***300.00 ***300.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055

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

7/27/02

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
DPST	MARIO ALVAREZ	19713 N.W. 49 TH PLACE	MIAMI, FL 33055

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:

MARIO ALVAREZ

7/27/02 (305) 430-0945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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July 29, 2002

Mario Alvarez
DBA A New Look Painting, Inc.
19713 N.W. 49th Place
Miami, FL 33055

Department of State
ATTN: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF #: P01000000283

To Whom It May Concern:

I recently attempted to open a business account and found that my company name was inactive. I contacted your office and was told that in order to activate it I would have to pay a late fee. If at all possible I would like to request to have my late charges waived. Please note that I received no prior notice and was unaware of the substantial penalty fee. I humbly request for you to review my case. I have enclosed a check in the amount of \$300.00.

If I can be of any assistance in this matter do not hesitate to contact me at (305) 430-0945.

Thanking you in advance for your prompt response and attention to this matter,

Mario Alvarez

