


112

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P01000015229</u>	
1. Entity Name <u>PAINTING PLUS OF SOUTH FLORIDA, INC.</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -1 PM 3:31

DO NOT WRITE IN THIS SPACE

300023515153
10/02/03--01064--006 **165.00

REINSTATEMENT 03

2. Principal Place of Business <u>6030 NW 77th TERRACE</u> Suite, Apt. #, etc.	3. Mailing Address <u>6030 NW 77th TERRACE</u> Suite, Apt. #, etc.
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City & State <u>PARKLAND FL</u>	City & State <u>PARKLAND FL</u>	4. FEI Number <u>65-1074529</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <u>33067</u>	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>JOSEPH BURDI</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>6030 NW 77th TERRACE</u>	
	City <u>PARKLAND</u>	FL Zip Code <u>33067</u>

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

(NOTE: Registered Agent signature required when reinstating)

4/15/03
Date

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <u>DIRECTOR</u>	TITLE
NAME <u>JOSEPH BURDI</u>	NAME
STREET ADDRESS <u>6030 NW 77th TERRACE</u>	STREET ADDRESS
CITY-ST-ZIP <u>PARKLAND, FL 33067</u>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 954-444-1746
Date Daytime Phone

CR2E034B (12/02)

2/2

Joe Burdi

6030 NW 77 Terrace

Parkland, FL 33067

954-444-1946

PaintingPlusSfla@aol.com

September 22, 2003

Regarding: Corporation number P01000015229

Dear Florida Department of State,

As per our phone conversation today I am requesting the following regarding my corporation status:

I received a letter stating that the corporation is being dissolved due to a returned check in April, 2003. I did not receive notice of a returned check or a 60 day notice stating such, until now.

Please allow me a waiver of penalties and late fees and find payment enclosed at this time.

Sincerely,
Joe Burdi

Joe Burdi
Signature