

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 13 AM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000028939

1. Corporation Name

J. P. Painting, Inc.

2. Principal Office Address

611 Suggs Rd.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip 32703

Country USA

3. Mailing Office Address

P.O. Box 4204

Suite, Apt. #, etc.

N/A

City & State

Apopka, FL

Zip

32704

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/01

5. FEI Number

593704827

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

Jose C. Perez

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

611 Suggs Rd.

Suite, Apt. #, Etc.

City

Apopka, FL

State
FL

Zip Code

32703

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

(X) JOSE PEREZ, P.O.

REGISTERED AGENT MUST SIGN

Date 3/3/03

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
Pres	Jose C. Perez	611 Suggs Rd.	Apopka, FL 32703

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:

(X) JOSE PEREZ, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

(407) 814-9541

Daytime Phone #

Signature correct per Martha Perez 3/13/03