

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 PM 3:52

DOCUMENT # PO1000034645

1. Corporation Name

LOW COST PAINTING INC.
10369 SW 25 ST
MIAMI FL, 33165

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1094919

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

SUSICH, TIMOTHY F

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

10689 SW 88 ST, STE 312

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

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
<u>PVT</u>	<u>RODANDO SUAREZ</u>	<u>10369 SW 25 ST</u>	<u>MIAMI FL 33165</u>
<u>S</u>	<u>YAMILIA SUAREZ</u>	<u>10369 SW 25 ST</u>	<u>MIAMI FL 33165</u>

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

Date

Daytime Phone #

11/11/03 (308) 2074541

CR2E081 (10/02)

LOW COST PAINTING

10369 SW 25 STREET / MIAMI, FL., / 33165

Office (305) 207-4541

October 4th, 2003

RE: Low Cost Painting INC.

Document # PD1000034645

Taxpayer Identification Number: 65-1094919

TO REINSTATE UNIFORM BUSINESS REPORT / 2003

To Whom It May Concern,

I Rolando Suarez, did not receive my 2003 uniform business report.

I spoke with someone there and they said to write this letter sent it to you with a check of \$150.00 and you would renew the corporation.

Should you have any questions regarding this matter please feel free to contact me.

Rolando Suarez
Owner/President

