

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000035958

1. Corporation Name

NORA PAINTING & DECORATION CORP

REINSTATEMENT 02

600008865686

11/07/02--01046--013 \*\*750.00

2. Principal Office Address

11375 SW 44th St

3. Mailing Office Address

11375 SW 44th St

Suite, Apt. #, etc.

S2

Suite, Apt. #, etc.

S2

City & State

Miami Fla

City & State

Miami Fla

Zip

33165

Country

Dade

Zip

33165

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

SERGIO D ASTORGA 11375 SW 44th St.

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

11375 SW 44th St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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 11/05/02

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
Pdt.	YURI ASTORGA	11375 SW 44th St	Miami, Fla. 33165
Sec.	SERGIO ASTORGA	11375 SW 44th St	Miami, Fla. 33165
Treas.	RICARDO A. RESTE	11375 SW 44th St	Miami, Fla. 33165
V.P.	SUANO S. MARCOS	11375 SW 44th St	Miami, Fla. 33165

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 #

11/05/02 786-255-1891

CR2E081 (9/01)