

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -6 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000063048

**1. Corporation Name**

United Painting, Corp.

REINSTATEMENT 02-03

000018306030  
05/06/03--01106--004 \*\*900.00

**2. Principal Office Address**

226 NE 56th Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

226 NE 56th Street

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**Zip**

33137

**Country**

U.S.A.

**Zip**

33137

**Country**

U.S.A.

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

06/25/2001

**5. FEI Number**

651115754

**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**

Leonardo Saldivar

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

226 NE 56th Street

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33137

**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

*Leonardo Saldivar*

REGISTERED AGENT MUST SIGN

Date 04/28/2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | Leonardo Saldivar                    | 226 NE 56th Street                                | Miami, Florida 33137 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

**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:

*Leonardo Saldivar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003 (786) 556-8938

Date

Daytime Phone #

CR2E081 (10/02)