

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000069649

1. Corporation Name

SOUTH FLORIDA PRINTING CONTRACTORS INC

2. Principal Office Address

21133 S.W. 85 AVE

Suite, Apt. #, etc.

APT 302

City & State

MIAMI FL

Zip

33189

Country

DAVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

700018680107

05/09/03--01088--006 \*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

7-13-2001

5. FEI Number

65-1147689

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

FRANCISCO RODRIGUEZ

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

15411 S.W. 77CR. LANE #101

Suite, Apt. #, Etc.

MIAMI FL 33193

City

Miami

State

FL

Zip Code

33193

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

4-29-03

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
<u>P</u>	<u>JULIO ORTEGA</u>	<u>21133 S.W. 85 AVE #302</u>	<u>MIAMI FL 33189</u>
<u>V</u>	<u>FRANCISCO RODRIGUEZ</u>	<u>15411 S.W. 77CR LN #101</u>	<u>MIAMI FL 33193</u>
<u>V</u>	<u>TONY ANGULO</u>	<u>15050 SW 151 Terr</u>	<u>MIAMI FL 33196</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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/03

Daytime Phone #

186-290-5262

CR2E081 (10/02)

South Florida Painting Contractors  
21133 SW 85 Ave Apt 302  
Miami, Fl 33189

# South Florida Painting Contractors

May 2, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

Due to a move from my King fish Drive address I *never received* the Profit reports that I was told I must file. Please waive the reinstatement fee, as it is very difficult to run a small business during these very difficult economic times. I have included my correct address above and will be aware of this form in the future.

Sincerely,



Julio Ortega  
President

