

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089835

1. Corporation Name

PAINTER M&B COMMERCIAL, INC.

Principal Place of Business

5233 NE 3 TERRACE  
FT LAUDERDALE FL 33334

Mailing Address

5233 NE 3 TERRACE  
FT LAUDERDALE FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4603 NW 30 Terrace  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4603 NW 30 Terrace  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2001

5. FEI Number

65-1140835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75-Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TUESTA, MIRKO	5233 NE 3 TERRACE	FT LAUDERDALE FL 33334
STD	TUESTA, VICTOR A	AVE SAN BORJA SUR 1014 AVE	#601 LIMA PERU
			800009159108 11/22/02--01004--015 **400.00
			800009159108 12/11/02--01024--006 **200.00

8. Name and Address of Current Registered Agent

TUESTA, MIRKO  
5233 NE 3 TERRACE  
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/02)