

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 NOV 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097622

1. Corporation Name

S V PAINTING DESIGN INC.

Principal Place of Business

700 NE 63RD STREET, #D 502
MIAMI FL 33138

Mailing Address

700 NE 63RD STREET, #D 502
MIAMI FL 33138

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

2. New Principal Office Address, If Applicable

620 SW 9TH ST.
Suite, Apt. #, etc. # 05

3. New Mailing Office Address, If Applicable

620 SW 9TH ST.
Suite, Apt. #, etc. # 5

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2001

5. FEI Number

* 65-1145424

Applied For

Not Applicable

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33130

Zip
33170

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	VEIGA, SANDRO	700 NE 63RD STREET, #D 502	MIAMI FL 33138
		620 SW 9TH ST. #5	MIAMI, FL 33130

8. Name and Address of Current Registered Agent

KALKAS, MARTTI
245 SE 1ST STREET, 311 502
MIAMI FL 33131

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

REGISTERED AGENT MUST SIGN

Date

11/13/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

Daytime Phone #

CR200-00 (8/02)