

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 21 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106600

1. Corporation Name

ACOSTA CARPENTRY AND PAINT CORP.

Principal Place of Business

Mailing Address

4400 S.W. 9 LANE  
MIAMI FL 33134

4400 S.W. 9 LANE  
MIAMI FL 33134



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1154062

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ACOSTA, LEONEL	4400 S.W. 9 LANE	MIAMI FL 33134

500009154835  
11/21/02--01099--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACOSTA, LEONEL  
4400 S.W. 9 LANE  
MIAMI FL 33134

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

Date

REGISTERED AGENT MUST SIGN

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

11-18-02

Date

Daytime Phone #

CR2040 (8/02)

FROM :

FAX NO. : +446 7485

Oct. 31 2002 01:12PM P1

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-02

Date

Daytime Phone #

11/25

**Acosta Carpentry And Paint Corp**  
**4400 S.W. 9<sup>th</sup> Lane**  
**Miami, FL 33134**  
**Tel.: 305-446-7485**

November 19, 2002

Division Of Corporation  
Annual Report / Reinstatement Section  
P.O.Box 6327  
Tallahassee, FL 32314-6327

Internal Revenue Service,

Please excuse the inconvenience of my actions on paying the renewal of my corporation. I was not aware that I was suppose to send a payment of \$150.00 when I signed the Application for Reinstatement. I received a notice of a late fee, but I need for you to take into consideration that this is my first year and I have provided the \$150.00 check on my behalf for the reinstatement. Thank you for your concern and if any questions please do not hesitate to contact me.

Sincerely,

  
Leonel Acosta CEO