

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -4 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001692

1. Corporation Name

SENIOR LOPEZ PAINTING, INC

REINSTATEMENT 03-04

500037666695
06/04/04--01036--005 **300.00

2. Principal Office Address
7360 CORAL WAY

3. Mailing Office Address
7360 CORAL WAY

Suite, Apt. #, etc.

STE. 21

Suite, Apt. #, etc.

STE. 21

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

US

Zip

33155

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/07/2002

5. FEI Number
26-0043731

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

C. R. COOPER, CPA

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

1495 FOREST HILL BLVD

Suite, Apt. #, Etc.

STE B

City

WEST PALM BEACH

State
FL

Zip Code
33406

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

CRC

Date 06/01/2004

REGISTERED AGENT MUST SIGN

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
P	WALTER LOPEZ	7360 CORAL WAY STE 21	MIAMI, FLORIDA 33155

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)(f), 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:

WALTER LOPEZ Walter Lopez

06/01/2004

561-964-6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

June 1, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Senor Lopez Painting, Inc.
Document #: P02000001692
FEIN: 26-0043731
Tax Form: UBR
Tax Period: 2003, 2004

To Whom It May Concern:

We have enclosed check # *1016* in the amount of \$300.00 for the Annual Business Renewal of Senor Lopez Painting, Inc. for the years 2003, 2004.

Please abate the penalty as Mr. Lopez relied on his Tax Professional to open Senor Lopez Painting, Inc. and maintain all Corporate filings. Mr. Lopez did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Lopez is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc