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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027039

1. Corporation Name

Anthony's Painting Service, Inc.
2115 W. Davie Blvd # 204
Ft. Lauderdale, Florida 33312

2. Principal Office Address

2115 W. Davie Blvd.

Suite, Apt. #, etc.

204

City & State

Ft. Lauderdale

Zip

33312

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04-3637478

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

Alvarado, Fausto A.

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

2115 W. Davie Blvd. # 204

Suite, Apt. #, Etc.

Ft. Lauderdale, Fl. 33312

City

Ft. Lauderdale,

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date 10-10-03

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
Pres.	Fausto A. Alvarado	2115 W. Davie Blvd. #204 Ft. Lauderdale, Fl.	33312

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 10th, 2003

Date

Daytime Phone #

CR2E081 (10/03)

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**ANTHONY'S PAINTING SERVICE, INC.
2115 WEST DAVIE BLVD. 3 204
FORT LAUDERDALE, FLORIDA 33312**

October 10th, 2003

**Division Of Corporations
P O Box 6327
Tallahassee, Florida 32314**

RE: P02000027039

I just received the notice that my corporation has been declared inactive as of September 19th, 2003, reason is for non payment of annual report fee. However, I did not receive the report that's why I did not mail it to you. I would like to re-instate my corporation and I am enclosing the corporation reinstatement report along with my \$150.00 check. Sorry for any inconvenience this may have caused.

Thank you,


Fausto A. Alavarado