

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028479

1. Corporation Name

NEGRON'S PAINTING, INC.

Principal Place of Business

Mailing Address

~~3956 BRECK LANE~~ 4380 Iola Dr.
SARASOTA FL 34231

~~3956 BRECK LANE~~ 4380 Iola Dr.
SARASOTA FL 34231

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

2. New Principal Office Address, If Applicable

4380 Iola Drive
Suite, Apt. #, etc.
Sarasota Florida

City & State
Sarasota FL

Zip 34231 Country US

3. New Mailing Office Address, If Applicable

4380 Iola Drive
Suite, Apt. #, etc.
Sarasota FL

City & State
Sarasota FL

Zip 34231 Country USA

REINSTATEMENT 03



000023770670
10/14/03--01003--020 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

Applied For

FIN 74-3032097

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
D	NEGRON, STEVEN	3956 BRECK LANE	SARASOTA FL 34232

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEGRON, STEVEN

~~3956 BRECK LANE~~ 4380 Iola Dr.
SARASOTA FL 34231

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

Steven Negron
REGISTERED AGENT MUST SIGN

Date 10-7-03

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:

Steven Negron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-03 941 374-

Daytime Phone #

2253

CP2E040 (7/03)

Divisions of Corporation,

10-7-03

We did not receive our uniform business report Jan-May. We moved in October of 2002. I thought when I changed my address with my State license you would have that address.

Please forgive the reinstatement fee of \$ 600.00, I am enclosing a check for 150.00 as instructed by an officer of your business.

Thank you!

Steven Negro

941-374-2253

Please call if there is a problem.

* Please note the 2nd notice ~~was~~ was not received either. Please consider waiving the fee.