

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000032273

1. Corporation Name

RENE'S PAINTING & PRESSURE CLEANING CORP.

2. Principal Office Address - No P.O. Box #

8176 SANCTUARY DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34104

Country

COLLIER

3. Mailing Office Address

8176 SANCTUARY DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34104

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2002

5. FEI Number

02-0570535

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

RENE CHAVEZ

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

8176 SANCTUARY DR

Suite, Apt. #, Etc.

City

NAPLES, FL

State

FL

Zip Code

34104

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

4/1/2009

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
PSTD	RENE CHAVEZ	8176 SANCTUARY DR	NAPLES, FL 34104

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 contained in Chapter 119, 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

Date

Daytime Phone #

4/1/2009

FILED

09 APR -6 AM 9: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500148808305

04/06/09--01025--026 **600.00

REINSTATEMENT 06-09