

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000063389

1. Corporation Name

J & H COMMERCIAL PAINTING, CORP.

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

12425 S.W. 120TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 431539

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

US

Zip

33243

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2002

5. FEI Number

03-0457263

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

OSVALDO J DIAZ

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

12425 S.W. 120TH AVENUE

Suite, Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/11/09

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
PVST	JUAN MENDOZA JR	PO BOX 431539	MIAMI, FL 33243

10. E-mail Address: OJDIAZ@BELLSOUTH.NET

(To be used for future annual report notification)

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. I further certify, 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:

JUAN MENDOZA JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/09

Date

3054474480

Daytime Phone #

FILED
09 DEC 15 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/15/09-01032-019 **300.00
REINSTATEMENT 08-09
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