

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 30 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000064701**

1. Corporation Name

Integral Painting Service, Inc.

2. Principal Office Address

8370 W. Flagler

Suite, Apt. #, etc.

118

City & State

Miami Florida

Zip

33144

Country

Miami Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

04-3710204

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

Ruben O. Barbuscio

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

11302 NW 1st Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

*Ruben O. Barbuscio*

REGISTERED AGENT MUST SIGN

Date

10/23/03

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
P	Ruben O. Barbuscio	11302 NW 1st Terrace	Miami, Florida 33172

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:

*Ruben O. Barbuscio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03.

Date

Daytime Phone #

CR2E081 (10/02)

*jh*

October 23, 2003

Certified Mail - Return Receipt Requested 7000 0520 0016 7516 9731

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: ~~Integral Painting Services Corp~~  
EIN: 04-3710204  
Corporation Reinstatement

Dear Sir or Madam:

I am the accountant for the above-referenced taxpayer and I am requesting on their behalf for a corporation reinstatement. Please be advised that the taxpayer was unaware of the filing fee requirement. In addition the taxpayer changed his address during the year and for this reason, the taxpayer never received the UBR annual report form. Please be advised that the taxpayer has instituted office procedures (tracker due dates) to ensure proper filing and payment of the UBR in the future.

In light of the above reasons, I respectfully request for an abatement of the penalties and for the corporation to be reinstated. Enclosed is a check in the amount of \$150.00 in payment of the 2003 filing fee.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,



Leandro R. Barbuscio, CPA

Enclosure