

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000064993

1. Corporation Name
J. ALARCON PAINTING INC

2. Principal Office Address
916 SOUTH A ST

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

Zip
33460

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 06/11/2002

5. FEI Number
02-0630738

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
Jorge Alarcon Gonzalez

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

Suite, Apt. #, Etc.

City
Lake Worth

State
FL

Zip Code
33460

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 Jorge Alarcon Gonzalez
REGISTERED AGENT MUST SIGN

Date 1/12/2005

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.	Jorge Alarcon Gonzalez	916 South A Street	Lake Worth, FL 33460
			200045162802 02/28/05--01024--019 **308.75
			200045162802 01/21/05--01032--008 **308.20 750.00

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: Jorge Alarcon Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2005

Date

561 707-0806

Daytime Phone #

CR2E081 (01/05)