

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
DIVISION OF CORPORATIONS

03 NOV 24 PM 3:59

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000077752

1. Corporation Name

Michael J. Painting, Corp.

2. Principal Office Address

3620 NW 30 Av.

Suite, Apt. #, etc.

Lot B 212

City & State

Miami

Zip

FL

Country

33142

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300025223543  
12/04/03--01016--009 \*\*150.00

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

7-17-02

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jose E. Umanzor

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

3620 NW 30 Avenue

Suite, Apt. #, Etc.

Lot B 212

City

Miami

State -

FL

Zip Code

33142

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

Jose E. Umanzor

Date

11/15/03

REGISTERED AGENT MUST SIGN

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
PD	Jose E Umanzor	3620 NW 30 Ave Lot B 212	Miami, FL 33142

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:

Jose E. Umanzor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/03

Date

305  
9269509

Daytime Phone #

*Jose E. Umanzor*  
**MICHAEL J. PAINTING, CORP.**  
**3620 NW 30 Av, Lot B-212**  
**Miami, FL 33142**  
**(305)926.9509**

November 14, 2003

Florida Department of State  
Division of Corporations

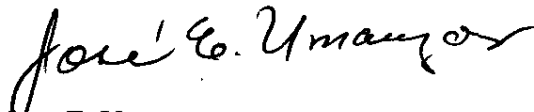
Re: **Michael J. Painting, Corp.**  
**Document # P02000077752**

To Whom It May Concern,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. Furthermore, enclosed please find M.O. number 19985222 in the amount of \$150.00 for my annual fee. I did not receive the Uniform 2003 form by mail. Also I realized that you have my address incorrect in your files.

Thank you in advance for your attention in this matter.

Sincerely,



Jose E. Umanzor  
President/Director