

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086146

1. Corporation Name

RALEX PAINTING CORP.

2. Principal Office Address

13600 NW 1st Ave.

Suite, Apt. #, etc.

n/a

City & State

Miami, Florida

Zip

33168

Country

USA

3. Mailing Office Address

13600 NW 1st Ave.

Suite, Apt. #, etc.

n/a

City & State

Miami, Florida

Zip

33168

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

35-2177968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERALDO CRUCITO

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

13600 NW 1st Avenue

Suite, Apt. #, Etc.

n/a

City

Miami

State

FL

Zip Code

33168

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 08/20/2004

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
PVTS	CRUCITO GERALDO	13600 NW 1st Ave.	Miami, Florida 33168

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:

CRUCITO GERALDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2004

Date

(305) 401-8154

Daytime Phone #

FILED

04 AUG 30 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03-04

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RALEX PAINTING CORP.

13600 NW 1ST AVENUE

MIAMI, FL 33168

PHONE (305) 401-8154

August 20, 2004

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. BOX 6327

Tallahassee, FL 32314

RE: P02000086146

FEIN # 35-2177968

Dear Sir or Madam:

Hereby I want to formally request a reconsideration for reinstatement of my Corporation: Ralex Painting, Corp. due to I never received the Uniform Report to keep enforces my Corporation. Attached please find the payment to cover the fee for 2003 and 2004.

Thanks in advance for your understanding.

Sincerely,



CRUCTIO GERALDO

President