

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -4 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086562

1. Corporation Name
Mr. Orlandos' Custom Painting, Inc.
6820 Northwest 82nd Street
Tamarac, FL 33321

2. Principal Office Address

6820 NW 82 St

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

USA
~~Broward~~

3. Mailing Office Address

6820 NW 82 St

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

USA
~~Broward~~

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/02

5. FEI Number

59-3441674

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

Orlando Benitez

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

6820 NW 82nd Street

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

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

Orlando Benitez
REGISTERED AGENT MUST SIGN

Date 8-3-2006

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, D, S	Benitez, Orlando	6820 NW 82nd Street	Tamarac, FL 33321

800078733778
08/15/06--01051--009 **450.00

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 contained in Chapter 119, 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:

Orlando Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-2006

Daytime Phone #

Mr. Orlandos' Custom Painting, Inc.

6820 NW 82nd Street

Tamarac, FL 33321

August 3, 2006

Florida Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement of Corporation

Document #P02000086562

Corporation Name: Mr. Orlandos' Custom Painting, Inc.

Dear Sir/Madam:

Enclosed is the reinstatement application for the captioned corporation. I respectfully request abatement of the reinstatement penalty. I did not receive the notice for Dissolution or the annual filing fee notices. There was no willful intent to not pay the required fees.

Accordingly, also enclosed is a check for \$450.00 for reinstatement (for years 2004, 2005, and 2006).

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Orlando Benitez', written in a cursive style.

Orlando Benitez
President