

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000096093

1. Corporation Name

R N PAINTING CORP

100024574471  
11/10/03--01113--018 \*\*758.75

**REINSTATEMENT**

2. Principal Office Address

10693 N MILITARY TRAIL

3. Mailing Office Address

10693 N MILITARY TRAIL

Suite, Apt. #, etc.

APT 2

Suite, Apt. #, etc.

APT 2

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33410

Country

US

Zip

33410

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2002

5. FEI Number

56-2292994

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

RENE NOVOA

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

10693 N. MILITARY TRAIL

Suite, Apt. #, Etc.

APT 2

City

WEST PALM BEACH

State

FL

Zip Code

33410

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

*Rene Novoa*

REGISTERED AGENT MUST SIGN

Date 11/07/2003

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
D/P	RENE NOVOA	10693 N. MILITARY TRAIL APT 2	WEST PALM BEACH, FL

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:

*Rene Novoa*

RENE NOVOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/2003 (561) 625-5863

Date

Daytime Phone #

CR2E081 (10/02)