

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -9 AM 8:32

DOCUMENT # P02000097663

1. Corporation Name

JCI Painting Corp.

2. Principal Office Address

2690 Alclobe Cr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Zip

Country

34761 Orange

REINSTATEMENT

03

4. Date incorporated or Qualified  
To Do Business in Florida

9-10-02

5. FEI Number

22-3868122

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 Ibarra

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

2690 Alclobe Cr.

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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 Ibarra*  
REGISTERED AGENT MUST SIGN

Date 12-4-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | JORGE IBARRA                         | 2690 Alclobe Cr.                                  | Ocoee, FL. 34761   |
| VP     | Martha I. Ibarra                     | 2690 Alclobe Cr.                                  | Ocoee, FL. 34761   |
| GM     | Rigoberto Ibarra                     | 2559 Alclobe Cr.                                  | Ocoee, FL. 34761   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Ibarra

Date

12-4-03 321-231-3059

Daytime Phone #

CR2E081 (10/02)