

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112292**

1. Corporation Name

**JIREH PAINTING, INC.**

Principal Place of Business

Mailing Address

7150 ODOM PL  
 NORTH PORT FL 34287

7150 ODOM PL  
 NORTH PORT FL 34287

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

10/17/2002

5. FEI Number

81-05 77553

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CERDA, JORGE	439 GRANADA	NORTH PORT FL 34287
DV	SALAZAR, JUAN S	7150 ODOM PL	NORTH PORT FL 34287
DST	NUNEZ, PAULINA	4811 CRABAPPLE AVE	NORTH PORT FL 34287

00002438860  
 10/31/03--01081--024 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CERDA, JORGE  
 439 GRANADA  
 NORTH PORT FL 34287

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Jorge Cerda*  
 REGISTERED AGENT MUST SIGN

Date

10-28-03

11. 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:

*JUAN S SALAZAR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-03

Daytime Phone #

941 426-2484

CR2E040 (7/03)