

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

05 NOV 10 PM 12:51

DOCUMENT # PD2000129349

1. Corporation Name

PERFECTION PAINTING & PRESSURE CLEANING, INC

2. Principal Office Address

240 84 STREET

Suite, Apt. #, etc.

1

City & State

MIAMI BEACH

Zip

33141

Country

USA

3. Mailing Office Address

240 84 STREET

Suite, Apt. #, etc.

1

City & State

MIAMI BEACH

Zip

33141

Country

USA

**REINSTATEMENT** 03-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-3732245

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

Hernandez & Associates Accounting Services, Inc

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

9904 Hammocks Blvd.

Suite, Apt. #, Etc.

105

City

Miami

State

FL

Zip Code

33196

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 11/04/2005

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      | Emilio Abreu                         | 240 84 Street, Apt. # 1                           | Miami Beach, FL 33141 |
| VP     | Javier Gonzalez                      | 240 84 Street, Apt. # 1                           | Miami Beach, FL 33141 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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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:

*Emilio Abreu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2005

Date

(786) 380-2521

Daytime Phone #