

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1072

DOCUMENT # P03000010861

1. Entity Name  
JOSE CORTEZ PAINTING, INC.



FILED  
05 APR 13 AM 11:43

Principal Place of Business

~~726 IMPERIAL DRIVE~~  
LARGO, FL 33771

Mailing Address

~~726 IMPERIAL DRIVE~~  
LARGO, FL 33771

2. Principal Place of Business

2299 KERSEY RD  
Suite, Apt. #, etc.

3. Mailing Address

2299 KEASEY RD  
Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip  
33764

Country

Zip  
33764

Country



03092005 REIN-P CR2E098 (6/04)

4. FEI Number

51-0450628

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORTEZ, JOSE B  
~~726 IMPERIAL DRIVE~~ 2299 KERSEY RD  
~~LARGO, FL 33771~~ CW FL, 33764

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-05

FILE NOW!!! FEE IS \$450

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPS  
CORTEZ, JOSE B ☐ Delete  
STREET ADDRESS  
726 IMPERIAL DRIVE  
CITY-ST-ZIP  
LARGO, FL 33771

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
2299 KEASEY RD ☒ Change ☐ Addition  
STREET ADDRESS  
CLW, FL 33764  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03-17-05

Date

Daytime Phone #

2012

3 17-05

DEM SIR

PLEASE REMOVE THE LATE  
FEES FOR REINSTATEMENT OF  
CORP FILING. WE MOVED AND  
THE POST OFFICE DIDN'T FORWARD  
THIS DOCUMENT. ENCLOSED IS  
~~PER~~ PER OUR PHONE CONVERSATION.  
~~450~~ 450

JOSE CRATEZ

THIS RENEWAL WAS NOT SENT TO  
US IN 2004

OUR FEI ID IS 51-0450628