

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2001 JAN -8 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022509

1. Corporation Name

S & D PAINTING INC.

2. Principal Office Address

22035 SW 58TH AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33428

Zip

Country

3. Mailing Office Address

22035 SW 58TH AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33428

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number

47-0865644

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

SAULO R DUARTE

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

22035 SW 58TH AVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

X

REGISTERED AGENT MUST SIGN

Date

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
PD	SAULO R. DUARTE	22035 SW 58TH AVE	BOCA RATON, FL 33428
VPD	PAULO R. AMANTE	875 NE 48TH STREET LOTE 196	POMPANO BEACH, FL 33064

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 contained in Chapter 119, 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

Date

Daytime Phone #

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Deerfield Beach, FL November 22 OF 2006

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

**S & D PAINTING INC.**

**Doc. # P03000022509**

We have not received the Annual Business Report 2005 first notice to renew our corporation's name.

Now we come before this honorable Department asking to wave the penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept the update form 2006 Corporation Reinstatement along with a **check of \$ 300,00** to pay the fee for the years 2005 and 2006.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,

  
SAULO R. DUARTE  
President