

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

06 MAY -3 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600075037946  
05/22/06--01067--009 \*\*450.00

REINSTATEMENT 04-06

**DOCUMENT #**  
1. Corporation Name  
P03000079489  
K, G & S Painting, Corp.

2. Principal Office Address  
1308 NE 4 street  
Suite, Apt. #, etc. A  
City & State POMPANO BEACH FL  
Zip 33060 Country BROWARD

3. Mailing Office Address  
same  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/18/03

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name sandra castellan

Street Address (P.O. Box Number is Not Acceptable) 1308 NE 4 street

Suite, Apt. #, Etc. #A

City POMPANO BEACH State FL Zip Code 33060

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 sandra a. castellan Date 04-19-06

REGISTERED AGENT MUST SIGN

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	sandra A. castellan	1308 NE 4 ST. #A	POMPANO BEACH FL 33060
VD	WILDS AIVALEZ	1308 NE 4 ST #A	POMPANO BEACH FL 33060
TD	VIET W. VAIGUSZ	1404 NE 4 street	POMPANO BEACH FL 33060

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: sandra a. castellan Date 04-19-06 761-929-4609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K, G & S PAINTING, CORP.  
1308 NE 4 STREET, APT A  
POMPANO BEACH, FLORIDA 33060

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April 10, 2006

Florida Department of State  
Division of Corporations

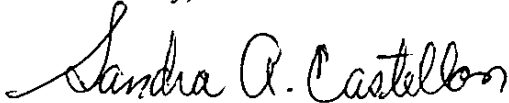
**Re: K, G & S PAINTING, CORP.**  
**Document # P03000079489**

To Whom It May Concern,

As instructed by your offices please accept this letter as a request to reactivate my Corporation. I did not receive notification for renewal 2004, 2005 and 2006. Additionally attached please find a corporation reinstatement form.

I apologize for any inconvenience and thank you in advance for your time.

Cordially,



Sandra Castellon, President