

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P03000105369

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

P03000105369

1. Corporation Name

CAC Painters, Inc.

2. Principal Office Address

19593 NW 61 AV

3. Mailing Office Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33015

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/05

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Carlos Gello

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

19593 NW 61 AV

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33015

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

3/1/06

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
P	Claudia Gello	19593 NW 61 AV	Miami, FL 33015
VP	Carlos Gello	19593 NW 61 AV	Miami, FL 33015
S	Julio Martinez	19593 NW 61 AV	Miami, FL 33015
500069447015 04/04/06--01055--031 **450.00			
REINSTATEMENT 2604-2006			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/06

FILED
2006 MAR 21 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

04

(104) 100320

P03000105369

C & C PAINTERS, INC.

19593 NW 61ST AVE

MIAMI, FL 33015

786.356.4385

FILED
2006 MAR 27 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 13, 2006

Florida Department of State
Division of Corporations



Re: C & C PAINTERS, INC.
P03000105369

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in 2004 the mail, so thank you in advance for your time and consideration. 2005+2006

Sincerely,

Carlos Coello
President

