

2004 FOR PROFIT CORPORATION -REINSTATEMENT

DOCUMENT # P03000126252

1. Entity Name
DRC PAINTING INC



FILED

04 NOV 18 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4025 DANA KATHERINE DR
KISSIMMEE, FL 34741

Mailing Address
4025 DANA KATHERINE DR
KISSIMMEE, FL 34741 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032004

REIN-P

CR2E098 (6/04)

4. FEI Number

52-240 7739

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANZA, HERENIA
4025 DANA KATHERINE DR
KISSIMMEE, FL 34741

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ROMERO, DONALD PRESIDE
STREET ADDRESS 4025 DANA KATHERINE DR
CITY-ST-ZIP KISSIMMEE, FL 34741

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

TITLE VP ☐ Delete
NAME ROMERO, FREDDY VP
STREET ADDRESS 801 CHRISTIAN WAY
CITY-ST-ZIP KISSIMMEE, FL 34741

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

TITLE SECR ☐ Delete
NAME ZAPATA, OSCAR SECR
STREET ADDRESS 4025 DANA KATHERINE DR
CITY-ST-ZIP KISSIMMEE, FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-03-04

Date

407 468-01-29

Daytime Phone #