

10f2

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 21 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000133706

1. Corporation Name

LOPEZ PAINTING & HANDYMAN INC

6149 WEST GATE DR

2. Principal Office Address

6149 WEST GATE DR

3. Mailing Office Address

Suite, Apt. #, etc.

822

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32835

Country

ORANGE

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/2003

5. FEI Number

20-0396384

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

FERNANDO LOPEZ

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

6149 WEST GATE DR

Suite, Apt. #, Etc.

822

City

ORLANDO

State

FL

Zip Code

32835

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

10/20/04

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	FERNANDO LOPEZ	6149 WEST GATE DR	ORLANDO FL 32835

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10/21/04--01055--002 **150.00

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 #

10/20/04

CR2E081 (01/04)

2 of 2

October 20, 2004

To Whom It May Concern:

I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



FERNANDO LOPEZ