

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136898

1. Entity Name  
R.P.A. PAINTING OF FLORIDA, INC.



Principal Place of Business  
2612 EAST SUTTON DRIVE  
MIRAMAR, FL 33025

Mailing Address  
2612 EAST SUTTON DRIVE  
MIRAMAR, FL 33025

2. Principal Place of Business

5660 SW 40 CT

Suite, Apt. #, etc.  
Hollywood  
City & State  
Florida

Zip  
33023

Country  
Brodway

3. Mailing Address

5660 SW 40 CT

Suite, Apt. #, etc.  
Hollywood  
City & State  
Florida

Zip  
33023

Country  
Brodway



08102005 REIN-P CR2E098 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARROYO, RONALD P  
2612 EAST SUTTON DRIVE  
MIRAMAR, FL 33025

Name

Arroyo, Ronald P

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

5660 SW 40 CT

Hollywood

City

Hollywood

FL

Zip Code

33023

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

08/11/05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ARROYO, RONALD P  
STREET ADDRESS 2612 EAST SUTTON DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Arroyo, Ronald P  
STREET ADDRESS 5660 SW 40 CT  
CITY-ST-ZIP Hollywood, Florida, 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

08/11/05

Date

Daytime Phone #

BO WILLIAMS AUG 12 2005