

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY -2 PM 3:21

RECEIVED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140186

1. Corporation Name

ALEX B PAINTING, INC

2. Principal Office Address

5240 E. COLONIAL DR

3. Mailing Office Address

5240 E. COLONIAL DR

Suite, Apt. #, etc.

Ste D

Suite, Apt. #, etc.

Ste D

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32807

Country

USA

Zip

32807

Country

USA

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

37-1481526

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

AL MESA FRANCO

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

5240 E. COLONIAL DR

Suite, Apt. #, Etc.

Ste D

City

ORLANDO, FLORIDA

State

FL

Zip Code

32807

500074337535  
05/10/06--01012--030 \*\*150.00

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

Date

4-24-06

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
P/D/S	ALEX BANEGAS	1629 CRICKET CLUB	ORLANDO, FLORIDA
		APART 103	ZIP 32828
	05/18		
			500074337535 05/10/06--01012--031 **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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-06

Daytime Phone #

(321) 231-9893