

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -7 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000154250**

1. Corporation Name

DELGADO BROTHERS PAINTING, INC.

W06-19208

2. Principal Office Address

6003 OLEANDER DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

USA

3. Mailing Office Address

6003 OLEANDER DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

73-1689463

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

JOSE DELGADO

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

6003 OLEANDER DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

July 05-06

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
PS	JOSE DELGADO	6003 OLEANDER DR.	ORLANDO, FL 32807
T	Rodolfo Miranda	6003 Oleander Dr	Orlando, FL 32807
S	Lino Salazar	6003 Oleander Dr	Orlando, FL 32807

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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:

JOSE DELGADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/06 407-737-9663

Date

Daytime Phone #