

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR -2 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 03000154606**

**1. Corporation Name**

BEST QUALITY PAINTING & DESIGN, CORP.

**2. Principal Office Address**

3883 SW 171 LN

Suite, Apt. #, etc.

City & State

OCALA, FLA

Zip

34473

Country

MARION

**3. Mailing Office Address**

3883 SW 171 LN

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34473

Country

MARION

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

12/22/03

**5. FEI Number**

NONE

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

ERNESTO TORRES

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

3883 SW 171 LN

Suite, Apt. #, Etc.

City

OCALA,

State

FL

Zip Code

34473

400048434504  
03/15/05--01050--015 \*\*150.00

400048434504  
03/15/05--01050--016 \*\*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 **2-9-05**

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
PD	ERNESTO TORRES	3883 SW 171 LN	OCALA, FLA. 34473
SEC/D	VANESSA TORRES	3883 SW 171 LN	OCALA, FLA 34473

**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 #

**2-9-05 (352)245-9254**

CR2001 (01/05)

B5292

**BEST QUALITY PAINTING & DESIGN**

3883 SW 171 LN  
OCALA, FLORIDA 34473  
(352) 245-9254

Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

To Whom It May Concern:

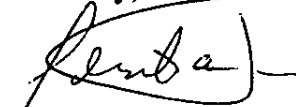
Dear Sir:

The purpose of this letter attached to my reinstatement on my corporation, is to inform you that I had problems with all my mail. It was going all different places. I had neighbors bring me some of my mail which had long expired. Now I have moved and I am informing you my new address and also if it is possible that my corporation be reinstated with the same amount of \$150.00. If I would have known that it became inactive I would have done my renewal without waiting for a notice of renewal.

Please let me know if you need more information and if the corporation can become active.

I really appreciate you help.

Sincerely,



Ernesto Torres  
Owner/Pres.