

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

11/2

DOCUMENT # P04000003568	
1. Entity Name GARCIA'S PAINTING CONTRACTORS, INC.	



2005 NOV -7 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3628 W CHERRY STREET TAMPA, FL 33607	Mailing Address 3628 W CHERRY STREET TAMPA, FL 33607
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2. Principal Place of Business 7303 AM Herot St	3. Mailing Address 7303 AM Herot St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33625	Zip 33625
Country USA	Country USA



10072005 REIN-P CR2E098 (6/04)

4. FEI Number 11-3710703	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, CARLOS R 3628 W CHERRY STREET TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name Carlos R. Garcia Street Address (P.O. Box Number is Not Acceptable) 7303 AM Herot St City TAMPA FL Zip Code 33625	
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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 Carlos Garcia
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GARCIA, CARLOS R 3628 W CHERRY STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060456370 10/10/05--01074--007 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carlos Garcia 10/17/05 (813) 789-9973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/7/05

10/6/05 2/2

To whom it may concern:

This letter is to explain why we did not file on time we move from the cherry st address we receive the form late and is the first time we have a business we did not now that we had to renew every year please accept this \$150 to reinstate my corp. I don't want to lost it please forgive my penalty I promise it wont happen again

Thanks for understanding my situation and I will appreciate any help you can give me in this matter

Sincerely

Carlos Garcia

Carlos r Garcia