

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000003573

1. Entity Name  
ACOSTA PAINTING & CLEANING, INC.



Principal Place of Business  
11311 N 22ND STREET  
TAMPA, FL 33612

Mailing Address  
11311 N 22ND STREET  
TAMPA, FL 33612

2. Principal Place of Business  
15501 BRUCE B. DOWN BLV.  
Suite, Apt. #, etc.  
# 503

3. Mailing Address  
15501 BRUCE B. DOWN BLV.  
Suite, Apt. #, etc.  
# 503

City & State  
TAMPA, FLORIDA  
Zip  
33647  
Country  
USA

City & State  
TAMPA FL  
Zip  
33647  
Country  
USA

09292005 REIN-P CR2E098 (6/04)

4. FEI Number  
02-0713343

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ACOSTA, FRANCISCO J  
11311 N 22ND STREET  
TAMPA, FL 33612

## 7. Name and Address of New Registered Agent

Name ACOSTA, FRANCISCO J  
Street Address (P.O. Box Number is Not Acceptable)

15501 BRUCE B. DOWN BLV. APT. # 503  
City TAMPA FL Zip Code 33647

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: *Francisco Acosta*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-03-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$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 PSTD ☐ Delete  
NAME ACOSTA, FRANCISCO J  
STREET ADDRESS 11311 N 22ND STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300060500143  
10/11/05--01060--011 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

10-03-05 (813) 426-2091

Date

Daytime Phone #

FILED

2005 OCT -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MP/700