

112

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 17 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000004096**

1. Entity Name  
JOSE C.H. PAINTING, INC.



Principal Place of Business  
5104 FALMOUTH DR.  
ORLANDO, FL 32812

Mailing Address  
5104 FALMOUTH DR.  
ORLANDO, FL 32812

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



4. FEI Number

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE C  
5104 FALMOUTH DR.  
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: JOSE C. HERNANDEZ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, JOSE C 5104 FALMOUTH DR. ORLANDO, FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JOSE C. HERNANDEZ Date Daytime Phone #

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**Lancaster Tax Service  
705 W Lancaster Rd  
Orlando, FL 32809  
Tel: 407-857-5229**

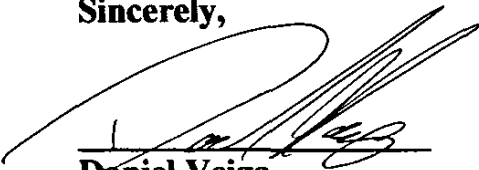
**October 12, 2005**

**Reference: Jose C.H. Painting Inc. Reinstatement**

**To Whom It May Concern:**

**We are the accounting firm for the above reference, and we are re-submitting the Reinstatement for Profit Corporation for 2005. He was sent a letter regarding that his signature was not on the form, and we are submitting it with his signature now. If you have any questions you can reach us at the above contact information.**

**Sincerely,**



**Daniel Veiga  
Accountant**