

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JAN 31 AM 11:40

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000005569

1. Corporation Name

EL MEXICANO & SON'S PAINTING, INC.

100087361741
02/05/07--01013--027 **1050.00

2. Principal Office Address - No P.O. Box #

4332 56th Ave Dr E

Suite, Apt. #, etc.

3. Mailing Office Address

4332 56th Ave Dr E

Suite, Apt. #, etc.

City & State

Bradenton, FL 34203

City & State

Bradenton, FL

Zip
34203

Country

Manatee

Zip
34203

Country

Manatee

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

01/07/2004

5. FEI Number

20-0600465

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

Juan Alvarado

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

4332 56th Ave Dr E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Juan Alvarado

REGISTERED AGENT MUST SIGN

Date **01/24/2007**

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
P	Juan Alvarado	4332 56th Ave Dr E	Bradenton, FL 34203
VP	Jose G Alvarado	4332 56th Ave Dr E	Bradenton, FL 34203
T	Fidel Alvarado	4332 56th Ave Dr E	Bradenton, FL 34203

REINSTATEMENT **05-07**

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:

Juan Alvarado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2007

Date

941-531-0120

Daytime Phone #