

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144665

1. Corporation Name

Alberto's Painting, Inc.
10942 Whitley Court
Jacksonville, FL 32246

700062016967
12/08/05--01042--010 **150.00

CR2E081 (8/05)

2. Principal Office Address

10942 Whitley Court

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

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

10/20/2004

5. FEI Number

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

Alberto Sanchez

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

10942 Whitley Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

[Signature]

Date

12/7/05

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
President	Alberto Sanchez	10942 Whitley Court	Jacksonville, FL 32246

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

12/7/05

Daytime Phone #

6426717

12/3/05

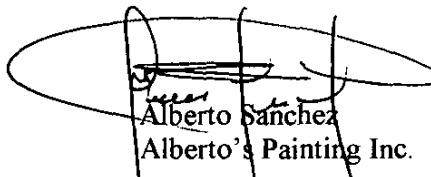
Department of State
Divisions of Corporation
P.O.Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement
Document # P04000144665

To Whom It May Concern,

My name is Alberto Sanchez, president/director of Alberto's Painting Inc., located at 10942 Whitley Court Jacksonville, Florida 32246. I am requesting the reinstatement fee be waived due to the fact I have not received a notice of renewal to this date. Please accept our renewal application enclosed with check dated 12/3/05.

Kindest regards,



Alberto Sanchez
Alberto's Painting Inc.

AS/sad

Enclosures

CC: File