

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 OCT 17 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000148331

1. Corporation Name

**REHN PAINTING INC**

800111243208  
10/23/07--01072--003 \*\*300.00

CR2E081 (1/07)

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

**536 COLUMBIA AVENUE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL**

City & State

Zip

**32714**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/27/2004**

5. FEI Number

**20-1810972**

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  
**AUGUST C MAYORGA**

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

**243 W KENNEDY BLVD**

Suite, Apt. #, Etc.

**SUITE C**

City

**ORLANDO**

State

**FL**

Zip Code

**32810**

☒ 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

Date **10/16/07**

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
P	RAFAEL FUENTES	536 COLUMBIA AVENUE	ALTAMONTE SPRINGS, FL 32714

**REINSTATEMENT**  
**RH**

10-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07

Date

321-287-7630

Daytime Phone #

**Rehn Painting Inc.**  
536 Columbia Avenue  
Altamonte Springs, FL 32714

Telephone: (321) 287-7630

Tuesday, October 16, 2007

Florida Department of State  
Div of Corporations, Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Charter Number: P04000148331  
FEI: 20-1810972

Dear Sirs:

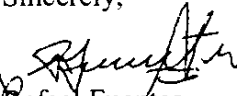
Attached please find Application for the Charter Renewal of the Corporation in the above reference. Attached also is our check for \$300.00.

We are asking for a waiver on the additional fees due as a result of not renewing within the prescribed time, inasmuch as we did not receive any notices at our offices listed above. We understand that it is our responsibility to make sure we take care of these matters on a timely basis but somehow we did not get the notice from your office and it appears to have been lost in the mail. Further, I have been dealing with a divorce in my family and have been errant for a while until now. Because of this situation, I am asking for your consideration in this matter.

I promise to make sure that in the future we stay in good standing.

Thank you for your cooperation and prompt positive response.

Sincerely,

  
Rafael Fuentes