

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -8 PM 3:34

DOCUMENT # 904000152279

1. Corporation Name

JCG PAINTING INC

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

8783 FORT JEFFERSON BLVD

Suite, Apt. #, etc.

City & State
ORLANDO

Zip
32822

Country
USA

3. Mailing Office Address

8783 FORT JEFFERSON BLVD

Suite, Apt. #, etc.

City & State
ORLANDO

Zip
32822

Country
USA

700138002337
11/17/08-01054-003 ***300.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11-08-2004

5. FEI Number

59-0673719

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 C. GIRALDO

Street Address (P.O. Box Number is Not Acceptable)
8783 FORT JEFFERSON BLVD

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32822

☒ 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 C. Giraldo
REGISTERED AGENT MUST SIGN

Date

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
PR	JUAN C GIRALDO	8783 FORT JEFFERSON BLVD	ORLANDO, FL 32822

12/08/08
07-08

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 C. Giraldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/08
Date

4076172082
Daytime Phone #