

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 MAY 13 PM 4:10

DOCUMENT # PD4000 171 251

**1. Corporation Name**

ROLANDO PAINTING INC.

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

7033 PENDER WAY

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32822

Country

USA

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

ROLANDO BATISTA - MEDINA

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

7033 PENDER WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

**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

Rolando Batista M.  
REGISTERED AGENT MUST SIGN

Date

5/01/08

**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
<u>P</u>	<u>ROLANDO BATISTA-MEDINA</u>	<u>7033 PENDER WAY ORLANDO, FL 32822</u>	<u>ORLANDO, FL 32822</u>

**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:

ROLANDO BATISTA M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/01/08

Daytime Phone #

200129192452  
05/13/08--01005--014 \*\*450.00  
**REINSTATEMENT** 0608

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

12-23-2004

**5. FEI Number**

20-2046682

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

5/15/08