

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000009539**

1. Corporation Name

MR. RALPH'S PAINTING, INC.

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

2328 Deer Run

Suite, Apt. #, etc.

3. Mailing Office Address

2328 Deer Run

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

LAKELAND FL

Zip

33809

Country

US

Zip

33809

Country

US

7. Name and Address of Current Registered Agent

Name

Ralph Cabrera

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

2328 Deer Run

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33809

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

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
P	Ralph Cabrera	2328 Deer Run	Lakeland, FL 33809
VP	Ralph Cabrera	2328 Deer Run	Lakeland, FL 33809
S	Pamela Cabrera	2328 Deer Run	Lakeland, FL 33809
T	Pamela Cabrera	2328 Deer Run	Lakeland, FL 33809

10. E-mail Address: **www.Pamela49@hotmail.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

1. U. G. W. S/T Pamela J. Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/10

Daytime Phone #

863 698 1726

11 MAR -8 AM 11:00

FILED

700189428407
01/04/11--01049--007 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-2188715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

700189428407
03/08/11--01018--001 **150.00

10-11

REINSTATEMENT