

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000027001

1. Corporation Name

Hector Isaza's Painting, Us, Inc

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

151 Sandalwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

151 Sandalwood Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34743

Country

USA

Zip

34743

Country

USA

7. Name and Address of Current Registered Agent

Name

Hector Isaza

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

151 Sandalwood Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

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	Hector Isaza	151 Sandalwood Dr	Kissimmee, FL 34743

10. E-mail Address: Poldan79@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:

Hector Isaza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2009 4077094073

Date Daytime Phone #

FILED

09 DEC 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200164067022
12/30/09--01042--006 **150.00

REINSTATEMENT

09

4. Date Incorporated or Qualified
To Do Business in Florida 04/10/2000

5. FEI Number
202481380

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.

12/31