

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 17 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

700112785647  
12/03/07--01055--010 \*\*\$600.00  
CR2E081 (1/07)

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P05000070615

**1. Corporation Name** J.A & Son Painting INC

WD7-58864

<b>2. Principal Office Address - No P.O. Box #</b> <u>4921 NW 84 AVE</u>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Lauderhill FL</u>		<b>City &amp; State</b>	
<b>Zip</b> <u>33351</u>	<b>Country</b> <u>US</u>	<b>Zip</b>	<b>Country</b>

**4. Date Incorporated or Qualified To Do Business in Florida** 5/13/2005

**5. FEI Number** 20-2P32638 ☐ 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** Nery Garcia

**Street Address (P.O. Box Number is Not Acceptable)**  
4921 NW 84 AVE

**Suite, Apt. #, Etc.** Lauderhill FL 33351

**City** Lauderhill **State** FL **Zip Code** 33351

☒ 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** Nery Garcia **Date** 11-29-07

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	GARCIA, NERY	4921 NW 84 AVE	Lauderhill FL 33351
VP	Gomez, JOSE A.	4921 NW 84 AVE	Lauderhill FL 33351

700112785647  
12/19/07--01011--015 \*\*\$150.00

700112785647  
12/19/07--01011--016 \*\*\$8.75

**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:** Nery Garcia **11-29-07** 3/2186894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/18/07