

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

09 MAY 19 PM 3:33

DOCUMENT # P05000134659

1. Corporation Name

ALFA QUALITY PAINTING CORP.

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

7710 WEST 28 AVENUE

3. Mailing Office Address

7710 WEST 28 AVENUE

Suite, Apt. #, etc.

APT#114

Suite, Apt. #, etc.

APT.114

City & State

HIALEAH,FLORIDA

City & State

HIALEAH,FLORIDA

Zip

33018

Country

MIAMI-DADE

Zip

33018

Country

MIAMI-DADE

300156159713  
05/19/09--01018--018 \*\*450.00  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/2005

5. FEI Number  
20-3574316

☒ 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

ALFONSO VILLARROEL

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

7710 WEST 28 AVENUE

Suite, Apt. #, Etc.

APT.#114

City

HIALEAH

State

FL

Zip Code

33018

☒ 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

Date 05/12/2009

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	ALFONSO VILLARROEL	7710 W 28AV.APT.114	HIALEAH,FL 33018
VP	CANDANOZA JORGE	1775 W 59 STREET	HIALEAH,FL 33012
MGR	ARIAS LEONARD	7710 W 28AV. APT. 114	Hialeah, FL 33018
B 5/20/09 REINSTATEMENT 107-09			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/2009

Date

786-3551576

Daytime Phone #