

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC -3 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140148

1. Corporation Name

**VINI PAINTING INC**

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

850 E COMMERCIAL BLVD

3. Mailing Office Address

850 E COMMERCIAL BLVD

Suite, Apt. #, etc.

APT 127

Suite, Apt. #, etc.

APT 127

City & State

OAKLAND PARK/FL

City & State

OAKLAND PARK/FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/2005

5. FEI Number

65-1261340

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

JOATHN C RIBEIRO

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

850 E COMMERCIAL BLVD

Suite, Apt. #, Etc.

APT 127

City

OAKLAND PARK

State

FL

Zip Code

33334

☒ 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

*Joathn Cupertino Ribeiro*  
REGISTERED AGENT MUST SIGN

Date

11-29-07

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
PVTS	JOATHN C RIBEIRO	850 E COMMERCIAL BLVD APT 127	OAKLAND PARK/FLORIDA/33334

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:

*Joathn Cupertino Ribeiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-29-07

Daytime Phone #

954-652-8737