

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000020245

1. Entity Name
KEVIN'S PAINTING SERVICES, INC



FILED
08 DEC -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5551 JOHNSON RD
36
COCONUT CREEK, FL 33073

Mailing Address
5551 JOHNSON RD
36
COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #
14988 WHATLEY ROAD

3. Mailing Address
14988 WHATLEY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12022008 REIN-P CR2E098 (1/07)

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
20-4324470

Applied For
Not Applicable

Zip
33445

Country
USA

Zip
33445

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUEDA, CESAR
845 TWIN LAKES DR
CORAL SPRINGS, FL 33071

Name
RUEDA, CESAR

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

7650 WESTWOOD DR APT 513

City
TAMARAC

FL

Zip Code
33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/2/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAMIREZ, MARTIN
5551 JOHNSON RD
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RAMIREZ, MARTIN
5551 JOHNSON RD
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400138693304
12/08/08--01057--006 **150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/08 (561) 860-2054

Date

Daytime Phone #