

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -7 PH 3: 34.

DOCUMENT # PO6000064287

1. Corporation Name

Platinum Paint Drywall and  
Pressure cleaning Inc.

000161457730  
10/07/09--01036--005 \*\*308.75

KS

REINSTATEMENT 08-09

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

880 SW 63<sup>RD</sup> WAY

Suite, Apt. #, etc.

3. Mailing Office Address

880 SW 63<sup>RD</sup> WAY

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-3-06

5. FEI Number

562584452

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

Neil Ramnath

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

880 SW 63<sup>RD</sup> WAY

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE

State

FL

Zip Code

33068

☒ 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

Neil Ramnath

Date 10-6-09

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
<u>P</u>	<u>Neil Ramnath</u>	<u>880 SW 63<sup>RD</sup> WAY</u>	<u>NORTH LAUDERDALE FLORIDA 33068</u>

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:

Neil Ramnath

NEIL RAMNATH

10/6/09 954-865-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #