

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000109893**

**1. Corporation Name**

Nu-Way Painting Corporation

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

13996 SW 150th Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33196

Country

USA

**3. Mailing Office Address**

10931 SW 180th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/23/06

**5. FEI Number**  
16-1771322

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

Vivian Rivero

Street Address (P.O. Box Number is Not Acceptable)  
10931 SW 180th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

☒ 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 5/8/09

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
P D	Carlos Rodriguez	10931 SW 180th Street	Miami, FL 33157
VP D	Victoria Garcia	13996 SW 150th Court	Miami, FL 33196
S D	Vivian Rivero	10931 SW 180th Street	Miami, FL 33157

**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:**

Vivian Rivero

5/8/09

305-350-7207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
09 MAY 11 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/11/09--01042--021 \*\*450.00  
REINSTATEMENT 07-09