PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -9 AM 8:25

DOCUMENT # P92000012745

1. Corporation Name
MOJICA PROFESSIONAL PAINTING CORP.
203

REINSTATEMENT 94-00

2. Principal Office Address	**3.** Mailing Office Address
1600 NW 119 ST	1600 NW 119 ST
Suite, Apt. #, etc. #107	Suite, Apt. #, etc. #107
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33167 Country USA	Zip 33167 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650373374 ☐ 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
FRANCISCO MOJICA

100003299601--8
-06/21/00--01075--012
***1650.00 ***1650.00

Street Address (P.O. Box Number is Not Acceptable)
29720 SW 158TH PLACE

Suite, Apt. #, Etc.

City HOMESTEAD | State FL | Zip Code 33033

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 FMojica FRANCISCO MOJICA Date 06-08-2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	EDDY OMAR MOJICA	1600 NW 119 ST #107	MIAMI FL, 33167
V	FRANCISCO MOJICA	29720 SW 158TH PLACE	HOMESTEAD FL, 33033
		100003299601--8 -06/21/00--01075--013	******8.75 ******8.75
		6/19	

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 under section 119.07(3)(i), 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: EDDY OMAR MOJICA 06-08-2000 (305) 216-69
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 69