

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
~~Matthew J. Lewis~~  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP -5 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P92000012745

1. Corporation Name

MOJICA PROFESSIONAL PAINTING CORP.

300007631529--1  
-09/10/02--01037--030  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

9320 SW 164TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

9320 SW 164TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT 01-02

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

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

29720 SW 158 PL

Suite, Apt. #, Etc.

HOMESTEAD FL

33033

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

Date

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	EDDY OMAR MOJICA	9320 SW 164TH ST.	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDY OMAR MOJICA

Date

09-03-02 (305) 216-6969

Daytime Phone #