

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 10 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000355

1. Corporation Name

LEO'S PAINTING, INC.

Principal Place of Business

**405 S.W. 61ST TERRACE
MARGATE FL 33068**

Mailing Address

**10210 QUITO ST.
COOPER CITY FL 33026**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0384096

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	SOTO, MIGUEL	413 SW 61	MARGATE FL 33068
S	JUANI, JUAN CARLOS	2801 N COUNT DR	POMPANO BEACH FL 33068
AVP	ANGELES, MARCELINO	4451 SW 23 ST.	FT. LAUDERDALE FL 33317
AS.	Charles G. Halberg	139 SE 7 Ave #7	Delray Bch, FL 33483

REINSTATEMENT

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SANDOVAL, ANGELA
11132 CHANDLER DR.
COOPER CITY FL 33026**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/10/97
11/4/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO ROVINA

Date

Daytime Phone #

11497
954/430-8800

CR20040 (8/97)