

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P93000037739**

1. Corporation Name

VIRGIL'S PAINTING CO., INC.

Principal Place of Business

Mailing Address

**4001 SANTA BARBARA BLVD SAME
334
NAPLES, FL 34104**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
Pres	Virgilio Vasquez	1743 53rd Ln SW Naples, FL 34116
VP	Douglas Vasquez	1743 54th St SW
VP	Orvil Vasquez	4634 Sunset Rd #A
VP	Eliar Vasquez	1743 54th St SW

City / State / Zip

**Naples, FL 34116
Naples, FL 34116
Naples, FL 34116
Naples, FL 34116**

**3000002855423--3
-04/28/99--01094--006
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VIRGILIO VASQUEZ
4001 SANTA BARBARA BLVD # 334
NAPLES, FL 34104**

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

(X) Virgilio Vasquez

REGISTERED AGENT MUST SIGN

Date **(X) 3/16/99**

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:

(X) Virgilio Vasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 3/16/99 (941) 353-6982

Date

Daytime Phone

REINSTATEMENT

**98-0910
2/15/99**

FILED

99 APR 15 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA