

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086729

1. Corporation Name

J. C. DECORATIVE PAINTING, CORP.

Principal Place of Business

Mailing Address

220 LAKEVIEW DR. 203
FT LAUDERDALE FL 33326

220 LAKEVIEW DR. 203
FT LAUDERDALE FL 33326

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

16581 31st Blvd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #105

City & State

WESTON FLORIDA

Zip

Country

33326

BROWARD

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1994

5. FEI Number

65-0538887

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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)	4 City / State / Zip
D	MORAN, RICARDO F	220 LAKEVIEW DR, 203	FT LAUDERDALE FL 33326
D	SANCHEZ, LAURA B	220 LAKEVIEW DR, 203	FT LAUDERDALE FL 33326
			300003107023--5 -01/21/00--01103--018 *****8.75 *****8.75
			300003107023--5 -01/21/00--01103--018 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

MORAN, RICARDO F
220 LAKEVIEW DR, 203
FT LAUDERDALE FL 33326

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

01/25/99

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99
Date

305-469-1557
Daytime Phone #