

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 APR 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009620

1. Corporation Name

PPP
Quality Painting Service

2. Principal Office Address

7117 N. ROME AVE

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33604

Country

USA

3. Mailing Office Address

7117 N. ROME AVE

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33604

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 1987

5. FEI Number

593294015

☒ 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

Phillip Valdez

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

7117 N. ROME AVE.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33604

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

Phillip Valdez

REGISTERED AGENT MUST SIGN

Date 03/31/00

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/m	Phillip Valdez	7117 N. Rome Ave	Tampa FL 33604
S/T	Janine Dagnese	116531 Lake Brigadoon Cir.	Tampa FL 33618
V	Greg Valdez	15114 North 23rd ST	Lutz FL 33549

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

Janine Dagnese

Date

3/31/00

Daytime Phone #

933-3609