

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000/4531

1. Corporation Name

Tom's Painting & Wallpaper, Inc.

2. Principal Office Address

2728 Garden Drive North

Suite, Apt. #, etc.

#312

City & State

Lake Worth, Florida

Zip

33461

Country

U.S.A.

3. Mailing Office Address

2728 Garden Drive North

Suite, Apt. #, etc.

#312

City & State

Lake Worth, Florida

Zip

33461

Country

U.S.A.

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

2/17/1995

5. FEI Number

65-0488931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-04

7. Name and Address of Current Registered Agent

Name

Alberto Puig

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

2728 Garden Drive North

Suite, Apt. #, Etc.

#312

City

Lake Worth

State

FL

Zip Code

33461

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

Albert Puig

REGISTERED AGENT MUST SIGN

Date

7/23/04

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
D	Alberto Puig	2728 Garden Dr. North; #312	Lake Worth, FL 33461
D	Tomas E. Fernandez	353 Gregory Road	West Palm Beach, FL 33405

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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:

Albert Puig Alberto Puig 7/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-969-9092

Daytime Phone #

CR2E081 (01/04)