

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091172

1. Corporation Name

J.J CUSTOM PAINTING & INTERIOR DESIGN, INC.

Principal Place of Business

Mailing Address

21633 SUTTERS LANE
BOCA RATON FL 33428
US

21633 SUTTERS LANE
BOCA RATON FL 33428
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1995

5. FEI Number

65-0621214

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	QUIROZ, JUAN PEDRO	21633 SUTTERS LANE	BOCA RATON FL 33428
V.P.	José Iglesias	7901 NW 69 Ave.	TAMPA FL 33321

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUIROZ, JUAN PEDRO
21633 SUTTERS LANE
BOCA RATON FL 33428

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. or 617.0505, F.S.

Signature of
Registered Agent

Juan P. Quiroz
REGISTERED AGENT MUST SIGN

Date

6-21-07

11. 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

Date

6/21/04

Daytime Phone #

FILED

04 JUN 28 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/25/04 01051 004 **550.00

CR2040 (7/03)