

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 9:58

DOCUMENT # P96000011646

1. Corporation Name

F. T. PAINTING CO.

Principal Place of Business

8209 N. PINE ISLAND ROAD
PMB. 75
TAMARAC, FL 33319

Mailing Address

5440 N. STATE ROAD 7
SUITE 5
FT. LAUDERDALE, FL 33319

REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0634007

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V/S D	SAUL FABIAN TREJO	8209 N. PINE ISLAND ROAD PMB. 75	TAMARAC, FL 33319
T/D	JAIRO M. BOSCH	5440 N. STATE ROAD 7 SUITE 5	FORT LAUDERDALE FL 33319
			400004467664--7 -07/10/01--01063--007 ****908.75 ****908.75
			5/9/9

8. Name and Address of Current Registered Agent

SAUL F. TREJO
9201-A WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

9. Name and Address of New Registered Agent

Name
JAIRO M. BOSCH
Street Address (P.O. Box Number is Not Acceptable)
5440 N. STATE ROAD 7
Suite, Apt. #, Etc.
SUITE 5
City
FORT LAUDERDALE
State
FL
Zip Code
33319

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]

REGISTERED AGENT MUST SIGN

Date

05/29/2001

11. This corporation owes 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/2001

Date

954-730-0640

Daytime Phone #