

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -4 PM 1:29'

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000014616

1. Corporation Name

DOUGLAS PAINTING SERVICES, INC.
1959 N.W. 55th Ave.
MARGATE, FL 33063

2. Principal Office Address

1959 NW 55th Ave

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

City & State

MARGATE FLORIDA

Zip

33063

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 12th 1996

5. FEI Number

65-0642010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

DOUGLAS A. Gomez

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

1959 N.W. 55th Ave.

Suite, Apt. #, Etc.

MARGATE FL 33063

City

State
FL

Zip Code

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

Douglas A Gomez
REGISTERED AGENT MUST SIGN

Date 3-31-00

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
President	Douglas A. Gomez	7748 NW 21 ST	MARGATE, FL 33063
Vice President	Luis E. Gomez	891 SW 63 TER	NORTH LAUDERDALE FL 33063
			600003249086--8 -05/11/00--01099--019 ****900.00 ****900.00

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:

Douglas A Gomez (Douglas A Gomez)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-31-00

Daytime Phone #

(954)309-3832

CR2E081 (9/99)