

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



93 MAY 26 AM 9:00

**DOCUMENT #** PA0000018162

1. Corporation Name  
 • Mar's Pressure Washing & Painting, Inc.  
 8824 W. Patterson Street  
 Tampa, FL 33612

Principal Place of Business  
 Tampa, FL

Mailing Address  
 8824 W. Patterson St.  
 Tampa, FL 33612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2-19-96

5. FEI Number

54-3354273

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Omar T. Caballero	8824 W. Patterson St.	Tampa FL 33612
Treasurer			

500002901015--9  
 06/11/99--01/02--010  
 \*\*\*\*9000 00 \*\*\*\*9000.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Omar T. Caballero  
 8824 W. Patterson St  
 Tampa FL 33612

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State FL Zip Code

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 5-24-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Signature)*

Omar T Caballero

Date

5-24-99

Daytime Phone #

CR2E08 (12/98)