

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 PH 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P910000038301

1. Corporation Name

ALEX'S DECORATIVE PAINTING, INC

2. Principal Office Address

2014 N.E 18 street

Suite, Apt. #, etc.

#3

City & State

Fort Lauderdale FL

Zip
33305

Country
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida April 29, 1996

5. FEI Number

65-0664065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Abdul nasser Elkhatib

300003456033-1

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

2014 N.E 18 street

Suite, Apt. #, Etc.

#3

City

Fort Lauderdale

State

FL

Zip Code

33305

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

Abdul ELKhatib Abdul ELKhatib

Date 10-19-00

REGISTERED AGENT MUST SIGN

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
	Abdul N Elkhatib/president	2014 N.E 18st #3	Fort Lauderdale FL33305
			LS

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.

(954)564-0205

SIGNATURE:

Abdul ELKhatib ABDUL ELKhatib 10-19-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #