

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
T. Morris Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 23 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000040103

1. Corporation Name

PERFECT PAINTING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

SAME

4691 NORTH UNIVERSITY DRIVE, SUITE 401  
CORAL SPRINGS, FL 33067

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 9 1996

5. FEI Number

65-0663767

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	FERNANDO BETANCOURT	282 NW 11TH AV	BOCA RATON FL 33486
S	MARRY BECKER	282 NW 11TH AV	BOCA RATON FL 33486
V	MARK FOSTER	9845 WESTVIEW DR - 629	CORAL SPRINGS FL 33076

300002676943--7  
-10/30/98--01073--002  
\*\*\*315.00 \*\*\*315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMEIRA AVENUE  
CORAL GABLES, FL 33134

Name

SAME

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.

Signature of  
Registered Agent

Amirilawyer, Chartered

REGISTERED AGENT MUST SIGN Lawrence J. Spiegel, President

10/20/98

11. This corporation owes or has paid 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

Date

Daytime Phone #

10/20/98 954-8034582

CH2040 (1/98)

**Perfect Painting Solutions, Inc.  
4691 North University Drive  
Suite 401  
Coral Springs, Florida 33067**

**October 15, 1998**

**To: Florida Department of State  
Division of Corporations**

**Re: Reinstatement of active status of corporation**

**Dear Division of Corporations;**

**This letter is being sent with our reinstatement fee for the corporation, Perfect Painting Solutions, Inc. Although we did send a change of address of the corporation, we never received the annual notice of filing, possibly because the change of address was never entered into your computer system. We are sending this letter via certified mail to ensure your receipt.**

**Perfect Painting Solutions, Inc. has a new address of:**

**4691 North University Drive  
Suite 401  
Coral Springs, Florida 33067**

**Sincerely,**



**Fernando Betancourt  
President  
Perfect Painting Solutions, Inc.**