

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 MAY -7 AM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*[Handwritten signature]*

DOCUMENT # P96000072100

1. Corporation Name

STATEWIDE PAINTING CORPORATION

2. Principal Office Address

7545 W 24 Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

3. Mailing Office Address

7545 W 24 Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

**2002-2003 UBR**

300018572643

05/08/03--01071--022 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1996

5. FEI Number

65-0692032

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

Ramon Aloy

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

7545 W 24th Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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

Date

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
PTD	Angela L. Aloy	7545 W 24 Ave	Hialeah, FL 33016
DS	Ramon Aloy	7545 W 24 Ave	Hialeah, FL 33016
V	Jorge Hernandez	7545 W 24 Ave	Hialeah, FL 33016

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:

*[Handwritten signature: Ramon Aloy]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-03

Daytime Phone #

305-443-1187

CR2E081 (10/02)



# STATEWIDE PAINTING CORPORATION

202

WATERPROOFING • PAPERHANGING • ELECTROSTATIC FINISHING  
RESIDENTIAL • COMMERCIAL • INDUSTRIAL • LICENSED & INSURED

7545 W 24 AVENUE • HIALEAH, FLORIDA 33016  
(305) 216-5483 • (954) 443-1187

April 30, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of Statewide Painting Corporation, Doc # P96000072100

To whom it may concern

As per your request, this letter serves to inform you that we did not receive the UBR annual report for 2002 & 2003 due to wrong mailing address. I called reinstatement department to ask why I had not received the UBR annual report and I was advised that such corporation was dissolved.

Please be informed that the above corporation is actively been in business. I hope that you would please waive the late reinstatement fee. Please find enclosed our reinstatement form along with a check for \$ 300.00.

I await your reply.

Sincerely,

Ramon Aloy, DS  
Statewide Painting Corporation