

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 13 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000103219**

1. Corporation Name

FANTASY PAINT CONTRACTING, INC.

Principal Place of Business

Mailing Address

**16508NW 17 Street
Pembroke Pines, FL 33028**

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

2. New Principal Office Address, If Applicable

16508 NW 17 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16508 NW 17 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/26/96

5. FEI Number

65-0733791

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)

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 Rodriguez, Adelkis	16508 NW 17 Street	Pembroke Pines, FL 33028
	Vice President Rodriguez, Lisa	16508 NW 17 Street	Pembroke Pines, FL 33028

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-04/16/98--01054--019

****900.00 ****900.00

REINSTATEMENT

97-98

4/13/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lisa Rodriguez

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

16508 NW 17 Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

Lisa Rodriguez

REGISTERED AGENT MUST SIGN

Date

4-9-98

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

Lisa Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-98

Date

(954)

441-3534

Daytime Phone #

CR20040 (1/98)