

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000015102

1. Corporation Name

FLORIDA PRO PAINTING & PRESSURE CLEANING, INC.

Principal Place of Business

Mailing Address

532 N BRINK AVE
SARASOTA FL 34237
US

532 N BRINK AVE
SARASOTA FL 34237
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1997

5. FEI Number

65-0746936

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 3	City / State / Zip 4
P	RODRIGUEZ, JOSE M	532 N BRINK AVE	SARASOTA FL 34237
			000004717060--0 -12/10/01--01093--021 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, JOSE M
611 N BRINK AVE
SARASOTA FL 34237

Name Jose M. Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
532 N. BRINK AVE
Suite, Apt. #, Etc.
City SARASOTA
State FL Zip Code 34237

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

Jose M. Rodriguez
REGISTERED AGENT MUST SIGN

Date

10/23/11

11. 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:

Jose M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/11 (941) 928-5560

Daytime Phone #

CR20040 (8/01)