

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 23 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043379

1. Corporation Name

RON MARTIN PAINTING, INC.

500136224315
09/22/08--01064--010 **450.00

[Handwritten signature]

REINSTATEMENT CR2E081 (12/07)

06-08

WOP

2. Principal Office Address - No P.O. Box # 1931 NW 106TH TERRACE Suite, Apt. #, etc.		3. Mailing Office Address 1931 NW 106TH TERRACE Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33026	Country USA	Zip 33026	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/15/1997	
5. FEI Number 650753175	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name BONNIE S. MILLER, CPA, PA			
Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BOULEVARD			
Suite, Apt. #, Etc. SUITE 301			
City PEMBROKE PINES	State FL	Zip Code 33024	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 <i>[Handwritten signature]</i>	Date 09/16/08
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
D	RON MARTIN	1931 NW 106TH TERRACE	PEMBROKE PINES, FL 33026

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 contained in Chapter 119, 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: <i>[Handwritten signature]</i>	RON MARTIN, PRESIDENT	09/16/08	954-431-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #