

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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****150.00 ****150.00

99-01

DOCUMENT # P98000010638
1. Corporation Name Ceballos Auto Paint Inc

Principal Place of Business Mailing Address
4501 E 10 LANE
HIALEAH, FLORIDA 33013

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

2. New Principal Office Address, If Applicable RIGOBERTO REY
Suite, Apt. #, etc. 18393 NW 76 CT.
City & State HIALEAH, FL
Zip 33015 Country
3. New Mailing Office Address, If Applicable PEDRO GAINZA
Suite, Apt. #, etc. 18392 NW 75 PASS
City & State HIALEAH, FL
Zip 33015 Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 65-0816378 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	RIGOBERTO REY	18393 NW 76 CT.	HIALEAH, FL. 33015
V. PRES.	PEDRO GAINZA	18392 NW 75 PASS	HIALEAH, FL. 33015

8. Name and Address of Current Registered Agent

Nelson Ceballos
20110 NW 43 CT
Opa Locka FL 33055

9. Name and Address of New Registered Agent

Name RIGOBERTO REY
Street Address (P.O. Box Number is Not Acceptable) 18393 NW 76 COURT
Suite, Apt. #, Etc.
City HIALEAH State FL Zip Code 33015

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

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 his 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 #