### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## CORP **REINS**

## DOCU

CORPÒRATI REINSTATEM	(2.38) ■ 2.15 「1.44 FHD]	FLORIDA DEPARTMENT OF STATE  Katherine Karris  Secretary of State  DIVISION OF CORPORATIONS	FILED OIFEBIS PM 2:11		
DOCUMENT  1. Corporation Name	1 700	00010908	SEGRETARY OF STATE TABLAHASSEE. FLORIDA		
John C	ech's Pai	nting Service, Inc			
2. Principal Office Address  17810 NE8 <sup>th</sup> Ave 17810 NE8 <sup>th</sup> Suite, Apt. #, etc.  3. Malling Office Address  17810 NE8 <sup>th</sup> Suite, Apt. #, etc.		17810 NE 8 AUC	- 0000037839305 -02/27/0101144002 *****300.00 *****300.00		
City & State  N. M.B., Zip	FL .	City & State  No. Miami BCH, FL  Zip Country	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  65 -0823541  Applied For Not Applicable		
33162		33/62 USA 7. Name and Address of Gurrant Register	CERTIFICATE OF STATUS DESIRED   50.73 Additional Fee required for a Certificate of Status		
Name  ALBERTO BABANT, ESQ.  Street Address (P.O. Box Number is Not Acceptable)  / 0800 Biscayne Blvd.  Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  Suite 2ip Code					
8. I, being appointed the registered agreement of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Date 1/18/2001					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director			ch City / State / 7:m		
Directic Jo,	HN E. CEC	CH 17810 NE 8th	AVE No. MIAMI BOH, Fl 33162		
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	0-11/2/A		AND ADD A TO A COLOR OF THE PART AND
9. Name:	s 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
DIRECT	C JOHN E. CECH	17810 NE 8 HAVE	No. Minni BCH, Fl 33162
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# DO NOT REMUVE ! ALBERTO BABANI, P.A. ATTORNEYS AT LAW

13°

ALBERTO BABANI

10800 BISCAYNE BOULEVARD SUITE 900 MIAMI, FLORIDA 33161

TELEPHONE: (305) 899-9011 FAX: (305) 891-4121

December 26, 2000

#### <u>US Mail RRR 7099 3400 0014 6777 8006</u>

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

John Cech's Painting Service, Inc.

Document Number P98000010908

Dear Sir or Madam:

Pursuant to my conversation with your office on today's date, enclosed herewith please find a letter signed by John Cech, President of the above-referenced corporation advising that same did not receive notice and requesting that his reinstatement fee be waived, and a check for \$300.00 for the year 2000 and 2001.

Thank you in advance for your courtesy, cooperation and assistance in this matter. I remain.

Respectfully Yours,

ALBERTO BABANI, ESQ.

CC:- John Cech\_\_ \_\_ \_\_

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