

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 SEP -4 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072005

1. Corporation Name

PABLO'S PAINTING, INC.

2. Principal Office Address

10234 PARSONS ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33615

Country

USA

3. Mailing Office Address

PARSONS ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33615

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/14/1998

5. FEI Number

59-3526379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ACOSTA, JUAN PABLO

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

10234 PARSONS ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

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

Juan Acosta P.

REGISTERED AGENT MUST SIGN

Date 08/29/2001

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
DP	ACOSTA, ELENA R.	10234 PARSONS ST	TAMPA, FL. 33615
DV	ACOSTA JUAN PABLO	10234 PARSONS ST.	TAMPA, FL. 33615
DS	ACOSTA, PABLO E.	10234 PARSONS ST	TAMPA, FL. 33615
			LS

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: JUAN PABLO ACOSTA

08/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)