

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8/19/92

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090751

1. Corporation Name

THE PAINTING CO. II INC.

2. Principal Office Address

7744 TAFT ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

Zip

Country

33024

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0871641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

RAMON DEARMAS

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

7545 NW 68 WAY

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

100003358081-1

-08/15/00--01070--000

\*\*\*\*300.00 \*\*\*\*300.00

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

R-CDH

Date

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
PRES.	RAMON DEARMAS	7545 NW 68 WAY	PARKLAND, FL 33067

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

RAMON DEARMAS

Date

(954) 963-9030

Daytime Phone #

CR2E081 (9/99)

98292

THE PAINTING CO.II  
7744 Taft St.  
Pembroke Pines, Fl.33024

July 18, 2000

Attention Divisions of Corporations

To whom it may concern:

Enclosed you will find the reinstatement form with a check for \$300.00 this due to the fact that I never received a reinstatement form from the State of Florida for the year 1999 I apologize for any inconvenience this may have caused. If there are any questions you may have you reach me at my office.(954) 963-9030

Thank you,

  
Ramon DeArmas