

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000017399*

1. Corporation Name

TUSCANY Painting, Inc.

2. Principal Office Address

6079 SW 29th Ct.

Suite, Apt. #, etc.

City & State

DAVIE

Zip

33314

Country

USA

3. Mailing Office Address

6079 SW 29th Ct.

Suite, Apt. #, etc.

City & State

DAVIE

Zip

33314

Country

USA

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/1999

5. FEI Number

65-0899397

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

NESTOR ROBLES

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

6079 SW 29th Court

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

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
D	NESTOR ROBLES	6079 SW 29th Ct.	DAVIE, FL 33314
D	SHARON ROBLES	6079 SW 29th Ct.	DAVIE, FL 33314

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 filling 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:

Sharon Robles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/04

Date

954 327 2943

Daytime Phone #

CR2ED081 (01/04)

Tuscany Painting, Inc.
6079 S.W. 29th Court
Davie, Florida 33314
954-327-2943

October 18, 2004

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

To Whom It May Concern:

Please accept this Letter of Waiver request, the Reinstatement Form, along with a check in the amount of \$300.00 (Three Hundred Dollars) to reinstate Tuscany Painting, Inc. #P99000017399.

We did not receive the Notice of Renewal in the mail and therefore kindly request to please waive the additional costs associated with our account.

I understand that it will take approximately 7-10 business days before the completion of the reinstatement takes place.

Your consideration is very much appreciated and if you have any questions, please do not hesitate to call me at the office on (954) 327-2943.

Sincerely,

Tuscany Painting, Inc.


Sharon L. Robles