

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000021587*

1. Corporation Name

ANSELMO CARMONA PAINTING INC
381 11296 SW 75th
MIAMI FL 33173

2. Principal Office Address

11296 SW 75th

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 831212

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

DADE

Zip

33283

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-09000

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

ANSELMO CARMONA

700036280997

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

11296 SW 75th

*05/14/04--01004--001 **150.00*

700036280997

Suite, Apt. #, Etc.

*05/14/04--01004--002 **150.00*

City

MIAMI FL 33173

State

FL

Zip Code

33173

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

[Signature]

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
<i>01</i>	<i>ANSELMO CARMONA</i>	<i>11296 SW 75th</i>	<i>MIAMI FL 33173</i>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/4 305-401-5819
Date Daytime Phone #

ANSELMO

ANSELMO CARMONA PAINTING INC.
11296 SW 75 TERR
MIAMI FL 33173
(305-401-5819)

04-27-04

From: Anselmo Carmona Painting
No.p99000021587

To: Florida Dpto Of State.

Ref: Corporation Reinstalment.
FEI-65-090100

This is to inform that on 01-29-04 we sent the reinstalment request, I never received a corporation form for 2003, because I moved ,Attached I m sendinf a form and prof Of the request. Please waive the penalty,. Today with this request you will received The both years money. Any question do no hesitate to call me at the phone above,

Thank you,

GOD BLESS YOU AND .USA>

Anselmo Carmona
Anselmo Carmona