

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -3 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name P99000039596

A.V.C. PAINTING CONTRACTOR, INC.

2. Principal Office Address  
10110 N.W. 27TH. AVE.

3. Mailing Office Address  
10110 N.W. 27TH. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL. 33147

City & State  
MIAMI, FL. 33147

Zip  
33147

Country  
MIAMI-DADE

Zip  
33147

Country  
MIAMI-DADE

**REINSTATEMENT 00-04**

4. Date Incorporated or Qualified To Do Business in Florida 04-28-1999

5. FEI Number 65-0926502 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$375 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
TONY V. CAMINERO

~~600043799826~~  
01/03/05--01029--002 \*\*8.75

Street Address (P.O. Box Number is Not Acceptable)  
10110 N.W. 27TH. AVE.

~~600043799826~~  
01/03/05--01029--003 \*\*14.25

Suite, Apt. #, Etc.

City  
MIAMI, FL. 33147

State  
**FL**

Zip Code  
33147

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 05-25-2004

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
P/S/D	TONY V. CAMINERO	10110 N.W. 27TH. AVE.	MIAMI, FL. 33147

~~300042754803~~  
11/15/04--01073--003 \*\*1208.75

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, HANDWRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-25-04 (305) 558-5666

Date

Daytime Phone #

CR2E081 (10/02)