

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -3 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000009320790  
12/03/02--01061--008 \*\*150.00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000053844

1. Corporation Name

Paes Painting Services, Inc.

2. Principal Office Address

1150 E Sample Rd

Suite, Apt. #, etc.

#207

City & State

Pompano Beach, FL

Zip

33064

Country

BSA

3. Mailing Office Address

1150 E Sample Rd

Suite, Apt. #, etc.

#207

City & State

Pompano Beach, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0780709

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

Claudio A. Paes

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

1150 E Sample Road

Suite, Apt. #, Etc.

#207

City

Pompano Beach

State

FL

Zip Code

33064

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

Claudio A. Paes

REGISTERED AGENT MUST SIGN

Date

12/20/2002

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	Paes, Claudio A	1150 E Sample Rd #207	Pompano Beach, FL 33064

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:

Claudio A. Paes

Claudio A. Paes

Date

12/20/2002

Daytime Phone #

CR2001 (9/01)



November 20, 2002

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

RE: Paes Painting Services, Inc.  
Document # P99000053844  
Reinstatement of Corporation

To Whom It May Concern:

Please be advised we have been engaged by the above mentioned corporation to perform accounting services for them. As part of our service, we research the status of the corporation with the Department of State. Upon this research, we discovered that the corporation was dissolved for failure to file the annual report. Mr. Claudio Paes did not receive the annual report forms and therefore, did not pay the required fee. Mr. Paes has had various complications receiving mail at his post office box. As such, he has changed the address to his home.

We have attached a corporation reinstatement form and the check for \$ 150.00. We respectfully request that you accept the enclosed application and the filing fee as timely filed. We have verified the accuracy of the address and registered agent address on the reinstatement application attached.

I wish to thank you for your time and kind cooperation with respect to resolving this matter.

Sincerely,

A handwritten signature in cursive script, reading "Deborah Rios", is written over the typed name.

Deborah Rios  
President/Accountant