

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000069698

1. Corporation Name

SUBLIME PAINTING, INC.

FILED

00 OCT 23 AM 10: 49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2358 EAGLE TRACE DRIVE
KISSIMMEE FL 34746-3611

Mailing Address

2358 EAGLE TRACE DRIVE
KISSIMMEE FL 34746-3611

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

- Applied For

City & State

City & State

59-3607697

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V. Pres. Pres.	Richard Aponte	2338 Eagle Trace Dr.	Kissimmee, FL 34746
Sec/Tre	Richard Aponte	2358 Eagle Trace Dr.	Kissimmee, FL 34746

100003457581--0
-11/08/00--01076--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

APONTE, RICHARD
2358 EAGLE TRACE DRIVE
KISSIMMEE FL 34746-3611

Name
Byrd + Gantt, CPAs P.A.
Street Address (P.O. Box Number is Not Acceptable)
3355 W. Vine St., Ste 102
Suite, Apt. #, Etc.

City
Kissimmee
State
FL
Zip Code
34746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Angela H. Gantt
REGISTERED AGENT MUST SIGN

Date 10/20/2000

11. 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:

R. Aponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-00

407-944 4296

KE