

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000086718**

1. Corporation Name

**QUALITY PAINTING + PRESSURE CLEANING
OF AMERICA, INC.**

2. Principal Office Address

4820 SW 17 STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

Country

33317

3. Mailing Office Address

4820 SW 17 STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

Country

33317

FILED

01 JAN 19 AM 10:55

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-30-99

5. FEI Number

65-0952839

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

MARISOL MARTINEZ

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

4820 SW 17 STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33317

300003638293-0

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******900.00 ****900.00**

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

Marisol Martinez

Date **1-17-01**

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
PTSD	MARISOL MARTINEZ	4820 SW 17 STREET	FT. LAUDERDALE, FL. 33317

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., the 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:

Marisol Martinez
MARISOL MARTINEZ

1-17-01 (854) 444-4997

Date

Daytime Phone #