

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000097855**

1. Corporation Name

MARVIN'S PAINT, INC.

2. Principal Office Address

342 NE 35 ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1737

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami Beach FL

Zip

33137

Country

USA

Zip

33137

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

11-05-99

5. FEI Number

589447499

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

MARVIN VALLADARES

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

342 NE 35 ST

Suite, Apt. #, Etc.

City

Miami FL

200038396672

06/29/04--01003--012 **591.25

200038396672

06/29/04--01003--013 **750.00

State

FL

Zip Code

33137

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]

REGISTERED AGENT MUST SIGN

Date

4-8-04

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	MARVIN VALLADARES	342 NE 35 ST	Miami FL 33137

REINSTATEMENT

00-04

200038396672
06/29/04--01003--014 **8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-04

Daytime Phone #