

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000103121

1. Corporation Name

V V PAINTING, INC.

Principal Place of Business

~~1770 N.W. 7TH STREET~~
~~MIAMI FL 33125~~

Mailing Address

~~1770 N.W. 7TH STREET~~
~~MIAMI FL 33125~~

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

2. New Principal Office Address, If Applicable

4000 S.W. 5TH TERRACE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Miami

City & State

Zip FLA

Country USA

Zip 33134

Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1999

5. FEI Number

65-0964529

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VALIENTE, MARTA Martha	1770 N.W. 7TH STREET	MIAMI FL 33125
VD	VALIENTE, CARLOS M	1770 N.W. 7TH STREET	MIAMI FL 33125

500023961615
10/21/03--01022--023 **750.00

8. Name and Address of Current Registered Agent

VALIENTE, Martha
~~TRUEBA, JENNIFER~~
4000 S.W. 5TH TERRACE
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-4-03

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.

Martha A. Valiente

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 305-541-8064

Date

Daytime Phone #

CR2ED40 (7/03)