

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108741

1. Corporation Name

Pinturas Every Inc.

2. Principal Office Address

10425 N.W. 37th Terr.

3. Mailing Office Address

10425 N.W. 37th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10425 N.W. 37th Terr.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33178

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

65-0969078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

J. David Pena

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

1101 Brickell Ave.

Suite, Apt. #, Etc.

Suite 1100

City

Miami

State

FL

Zip Code

33131

100004288531-8

05/22/01-01137-034

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

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
D	Grisales, Humberto	10425 N.W. 37th Terr.	Miami, FL. 33178

100004288531-8

-05/22/01-01137-035

****150.00 ****150.00

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:

HUMBERTO GRISALES, PRES.

Date

Daytime Phone #

4/26/2001 305-513-0235

PINTURAS EVERY, INC.

10425 N.W. 37TH TERRACE
MIAMI, FLORIDA 33178

TEL: (305) 513-0235
FAX: (305) 513-9128
KEYPOINT@BELLSOUTH.NET

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

409 East Gaines St.
Tallahassee, FL 32399

Re: Pinturas Every, Inc.
Document No. P99000108741

Dear Sir or Madam:

Please be advised that due to a change of address, from 401 Miracle Mile #306C, to the above address, I never received the 2000 annual report or Uniform Business Report form for the above captioned Florida corporation. Consequently, I would appreciate your waiving the reinstatement fee upon payment by me of \$300.00, corresponding to the annual fees for Pinturas Every for 2000 and 2001. Our two checks for \$150 each, made out to the Department of State, are enclosed.

Please feel free to contact the undersigned if you have any questions regarding the foregoing.

Yours truly,

PINTURAS EVERY, INC.:


Humberto Grisales, President