

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**INSTANT**

**02 UBR**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
02 NOV -7 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 545802**

**1. Corporation Name**  
Southwest Painting Corporation  
830 NW 28TH AVE  
MIAMI-FL 33125

**2. Principal Office Address**  
830 NW 28TH AVE  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
SAME AS # 2  
Suite, Apt. #, etc.

**City & State**  
MIAMI-FL

**Zip** 33125 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 5/27/91

**5. FEI Number** 65-0258007

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

**7. Name and Address of Current Registered Agent**

**Name** MANUEL PERDOMO

**Street Address (P.O. Box Number is Not Acceptable)** 830 NW 28TH AVE

**Suite, Apt. #, Etc.**

**City** MIAMI

**State** FL **Zip Code** 33125

**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** 10/16/02

**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
PR	MANUEL PERDOMO	830 NW 28TH AVE	MIAMI-FL 33125
SEC	VICTOR PERDOMO	830 NW 28TH AVE	MIAMI-FL 33125

**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]* **MANUEL PERDOMO** **Date** 10/16/02 **Daytime Phone #** 305-643-0252