

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000044927**

1. Corporation Name

WET PAINT OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

11644 W RIDE DRIVE
JACKSONVILLE FL 32223

11644 W RIDE DRIVE
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0570681

Not Applicable

Zip

Country

Zip

Country

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
VSTD	SPECKHAHN, TRACEY	11644 W RIDE DRIVE	JACKSONVILLE FL 32223

200023968342
10/21/03--01052--029 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPECKHAHN, TRACEY
11644 W RIDE DRIVE
JACKSONVILLE FL 32223

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

Tracey L. Speckhahn

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03
Date

904-260-3886
Daytime Phone #

CR2E040 (7/03)

NOTES

Department of State,

It has come to my attention that I was to have filed a 2003 corporation annual business report. I don't recall ever receiving such a form. I am aware this is to be done every year. This will not happen again. It is my first year as a corporation and I am learning the forms to file.

Wet Point of North Florida