PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 7:54

DOCUMENT #

1. Corporation Name
Done Right Painting Inc.
P02000058685

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1905 Malonee Rd.	1905 Malonee Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Bch. FL.	City & State: New Smyrna Bch FL.
Zip: 32168 Country: USA	Zip: 32168 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-28-2002

5. FEI Number: 270014418 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.70 Additional Fee required if you desire Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert MASON
Street Address (P.O. Box Number is Not Acceptable): 1905 Malonee Rd.
Suite, Apt. #, Etc.:
City: New Smyrna Beach State: FL Zip Code: 32168

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: RMason Date: 6.5.06
REGISTERED AGENT MUST SIGN

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
Pres.	Robert MASON	1905 Malonee Rd	NSB FL. 32168
Vice Pres.	Linda MASON	1905 Malonee Rd	NSB FL. 32168
Sec.	LAURA MASON	1905 Malonee Rd	NSB FL. 32168

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06/20/06 01024 011 **1050.75

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 contained in Chapter 119, 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: RMason Robert MASON Pres. 5.6.06 386 5473642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #