

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV 24 PM 12:54

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PD2000087449
 1. Corporation Name
L.M.N. Painting Inc.

REINSTATEMENT 03

2. Principal Office Address <u>5113 19th St.W.</u>		3. Mailing Office Address <u>5113 19th St.W.</u>	
Suite, Apt. #, etc. <u>Apt. B</u>		Suite, Apt. #, etc. <u>Apt. B</u>	
City & State <u>Bradenton, FL</u>		City & State <u>BRADENTON, FL</u>	
Zip <u>34207</u>	Country <u>MANATEE</u>	Zip <u>34207</u>	Country <u>MANATEE</u>

11/24/03 01013 012 158

4. Date Incorporated or Qualified To Do Business in Florida 8-02

5. FBI Number 02-0637595 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Linda M. North

Street Address (P.O. Box Number is Not Acceptable)
5113 19th St.W.

Suite, Apt. #, etc.
Apt. B

City Bradenton State FL Zip Code 34207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent [Signature] Date 1-5-04
 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
Sole Owner	Linda M. North	5113 19th St.W. Apt. B	Bradenton, FL 34207

10. I certify that I am an officer or director of 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)(l), 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] Date 1-5-04 (941) 752-7133
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION