


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 AUG 29 10:29  
RECEIVED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003136  
1. Corporation Name  
Pioneer Painting Incorporated

100108787171  
08/29/07--01045--010 \*\*1200.00

**REINSTATEMENT** 04-07  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <u>27 Marvin Rd</u>		3. Mailing Office Address <u>PO BOX 265702</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ormond Beach, FL</u>		City & State <u>Daytona Beach, FL</u>	
Zip <u>32174</u>	Country <u>U.S.A.</u>	Zip <u>32126</u>	Country <u>U.S.A.</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>11/12/2003</u>	
5. FEI Number <u>412114746</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
KHALID M. FAZAL

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

Suite, Apt. #, Etc.

City  
ORMOND BEACH

State  
FL

Zip Code  
32174

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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] Date 8/21/07

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
<u>PRES.</u>	<u>KHALID M. FAZAL</u>	<u>27 MARVIN RD</u>	<u>ORMOND, FL 32174</u>

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: [Signature] KHALID M. FAZAL Date (386) 212-7091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #