

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN -4 PM 12: 25
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000042523

1. Corporation Name
 A-1 PAINTING OF FT LAUD INC.

Principal Place of Business Mailing Address
 721 Merrimac Drive
 Port Orange Fl 32127

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 5.95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FE Number 65-0589157	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Rainey Ratcheck	721 Merrimac Dr.	Port Orange Fl 32127

REINSTATEMENT 99-99
 7/8/99
 6/11/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name CorpDirect Agents	
		Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Street, Lower Level	
		City Tallahassee	
		State FL	
		Zip Code 32301	

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.
 Its Agent: **Cynthia A. Hicks**
 Signature of Registered Agent: *Cynthia A. Hicks* Date: **6/4/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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: *Rainey Ratcheck* **6/3/99** **904-322-8307**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #