

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000049274			
1. Corporation Name SARASOTA CUSTOM PAINTING, INC.			
Principal Place of Business 4487 MAYGOG ROAD SARASOTA FL 34233		Mailing Address 4487 MAYGOG ROAD SARASOTA FL 34233	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 06/02/1997		5. FEI Number 65-0767430	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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
D	SANTELLI, MARC	4487 MAYGOG ROAD	SARASOTA FL 34233
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SANTELLI, MARC 4487 MAYGOG ROAD SARASOTA FL 34233		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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.		Date 11 15 01	
Signature of Registered Agent		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:		Date 11-15-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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I had talk to a lady
and she said to mail her
the \$150⁰⁰, I had giving my
account a check for \$150⁰⁰ and
he said He was going to send
it ~~in~~ he has moved out
of the country back to England
with all my tax work for the
whole year and my check must
be with all my year work
please do what you can

Thank you Dave Santelli

941-321-8989