

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPROVED  
AND  
FILED**

**APPLICATION  
FOR *ale an*  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997 AUG 29 PM 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **220687**

1. Corporation Name  
**PEN PAINTS, INC.**

Principal Place of Business <b>12290 73RD CT. N. LARGO FL 34643</b>	Mailing Address <b>12290 73RD CT. N. LARGO FL 34643</b>
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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 <b>02/25/1959</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-0868904</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
CD	HYER, RAYMOND T.	999 HILLSBORO MILE	HILLSBORO BCH FL
P	MALINA, BARTON	12290 73RD COURT N.	LARGO FL
ST	POOLE, SEAN W.	4161 E 7TH AVE.	TAMPA FL

**REINSTATEMENT** *ale an*

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-09/02/97--01187--002  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>HYER, RAYMOND T.</b> <b>9999 HILLSBORO MILE</b> <b>HILLSBORO BEACH FL 33062</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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.

Signature of Registered Agent *Raymond T. Hyer*  
REGISTERED AGENT MUST SIGN

Date **8-27-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: *Raymond T. Hyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-27-97** Daytime Phone # **(813) 248-2107**

CR2E040 (7/96)