

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 328650

1. Corporation Name

DUVAL PAINT AND DECORATING INC

Principal Place of Business

2855 ST JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32216

32246

Mailing Address

2855 ST JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32216

32246

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 32246-3705 Country

Zip 32246-3705 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/1968

5. FEI Number

59-1217047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
SD	JURNEY, ALBERTA	2855 ST JOHNS BLUFF RD S	JACKSONVILLE FL
PTD	JURNEY, FRANK T	2855 ST JOHNS BLUFF RD S	JACKSONVILLE FL
D	JURNEY, GAYLE	2855 ST JOHNS BLUFF RD S	JACKSONVILLE FL
VPD	THOMPSON, SEAN W.	2855 ST. JOHNS BLUFF RD S.	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

JURNEY, FRANK T.  
2855 ST JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

22 Oct 2002

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:

SIGNATURE REQUIRED  
FRANK T JURNEY

Date

Daytime Phone #

FILED

02 OCT 24 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E040 (8/02)