

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 18 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 404729

1. Corporation Name

COLOR MART PAINT COMPANY, INC.

Principal Place of Business

Mailing Address

661 AURORA RD  
MELBOURNE FL 32935

661 AURORA RD  
MELBOURNE FL 32935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6337 SOUTH HIGHLAND DRIVE

Suite, Apt. #, etc.

#130

City & State

SALT LAKE CITY, UTAH

Zip

84121-2107

Country

USA

3. New Mailing Office Address, If Applicable

6337 SOUTH HIGHLAND DRIVE

Suite, Apt. #, etc.

#130

City & State

SALT LAKE CITY, UTAH

Zip

84121-2107

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/1972

5. FEI Number

59-1404659

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
PD	PAINTER, GLEN KIP Eardley	2663 BERNICE CT 6337 SOUTH HIGHLAND DR #130	MELBOURNE FL SLC, UT, 84121
ST	PAINTER, LILLIAN J KIP Eardley	2663 BERNICE CT 6337 SOUTH HIGHLAND DR #130	MELBOURNE FL SLC, UT, 84121
<del>0</del>	PAINTER, LILLIAN J	2663 BERNICE CT	MELBOURNE FL
<del>0</del>	BODIFORD, GLENDON E	540 WALNUT DR	MELBOURNE FL 32935
			000003623200--7 -02/01/01--01084--001 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

PAINTER, GLEN  
2663 BERNICE CT  
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name Lillian Painter  
Street Address (P.O. Box Number is Not Acceptable)  
8356 Fresh Creek  
Suite, Apt. #, Etc.

City West Palm Beach

State

FL

Zip Code

33411

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

*Lillian Painter*  
REGISTERED AGENT MUST SIGN

Date 1-16-2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2001

Date

801-269-9500

Daytime Phone #