	PLEASE READ A	ALL INST	RUCTIONS	REPORE (OMPLET	ING THIS FO	PRM.	
API	PLICATION AND AND AND AND AND AND AND AND AND AN	FLORIDA	DEPARTMEN			i•		
	FOR A	21	Jim Smith		fu 144	FILED		
REIN	STATEMENT		Secretary of Sillision of Corpor					
DOCUMENT # 429862					O2 NOV 27 PM I2: 53			
1. Corporation Name					SECRETARY OF STATE TALLAHASSFE, FLORIDA			
MOOR	RE PAINTING, INC.				TALL	AHASSEE, FLOE	AUA ·	
	#			~				
Principal Pl	lace of Business	ess			# ()# # (#)#((#) # B()# (#)	Eldii Gibii Bigii Bigii Gibii Higii ilbi		
1026 28TH STREET 1026 28TH S C/O SIDNEY C. MOORE, JR. C/O SIDNEY ORLANDO FL 32805 ORLANDO FL			C. MOORE. JR.					
If above a	ddresses are incorrect in any way, line throu	ugh incorrect in	formation and enter o	correction below.				
New Principal Office Address, If Applicable 3. New Mailing Office Address.				Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/03/1973			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		C CCIN			
City & State City & State						59-1470101	Applied For Not Applicable	
Zip 💥	Country	Zip	Country	The standing	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required	
7						OF STATUS DESIRED	for a Certificate of Status	
	and Street Addresses of Each Officer and/o Name of Officers	r Director (Flor		tions must list at lea	· · ·			
Title(s) and/or Directors 2			3 Officer and/or Director					
PD MOORE, SIDNEY C. JR			1026 28TH STREET		ORLANDO FL			
STD	D MOORE, TRINA		1026 28TH STREET			ORLANDO FL		
VD	COSTELLO, ASHLEY E		1026 28TH STREET		ORLANDO, FL 00000			
					3 0 11/27/	000924; 02010740	2143 23 **158.75	
	8. Name and Address of Current Re	egistered Age	••		Q Name and A	ddrase of Now Pogic	torod A gont	
Name					9. Name and Address of New Registered Agent			
MOORE, SIDNEY C. JR				Street Address (P.O. Box Number is Not Acceptable)				
1026 28TH STREET ORLANDO FL 32805				Suite, Apt. #, Etc.				
UNDANDO PE 32003								
				City			State Zip Code	
10. I, being Signature of Registered A		e named corpor	ration, am familiar wit	th and accept the ob	oligations of Section	on 607.0505, F.S. or 6	17.0505, F.S.	
	REG	ISTERED AGE	NT MUST SIGN				V	
this reins owed by	that I am an officer or director or the receive statement application, the reason for dissolu the corporation have been paid and the na application is trip and accurate, and my sign	ition has been e mes of individu	eliminated, the corpor ials listed on this form	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								

Moore Painting, Inc.

(407) 841-4070 FAX: (407) 841-4078

1026 - 28th Street

Orlando, Florida 32805



COMMERCIAL INDUSTRIAL

11/21/02

Department of State Dovision of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

I have received notice of Administrative Dissolution of our corporate certificate. We have no record of receiving any of the normal notices of the 2002 filing, therefore I request that you reinstate the corporation without the penalty.

Incertainly appreciate your understanding on this matter. I am enclosing the application for reinstatement with check for the amount of \$ 158.75.

Sincerely,

MOORE PAINTING, INC.