

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 AM 11:06

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 442952

1. Corporation Name
A.G. OWENS PAINTING, INC

2. Principal Office Address
3016 VESPER AVE.
Suite, Apt. #, etc.

3. Mailing Office Address
3016 VESPER AVE
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip Country
34232 USA

Zip Country
34232 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1498441

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

800062280948
12/20/05--01007--017 **1200.00

CR2E081 (8/05) 02-05

7. Name and Address of Current Registered Agent

Name
JAMES D. OWENS

Street Address (P.O. Box Number is Not Acceptable)
1030 MORVINGSIDE DR.

Suite, Apt. #, Etc.

City
ENGLEWOOD

State Zip Code
FL 34223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 12/1/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR.	BRIAN L. OWENS	3016 VESPER AVE	SARASOTA, FL 34232

10. 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: Brian L. Owens Pres. 12/1/05 (941) 504-5492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #