

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **96**  
REINSTATEMENT



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

FILED

96 NOV 22 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **447008**

1. Corporation Name

**BISHOPS PAINT AND DECORATING, INC.**

Principal Place of Business

785 MONTROSE STREET  
CLERMONT FL 34711

Mailing Address

785 MONTROSE STREET  
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

**02/28/1974**

5. FEI Number

**59-1513847**

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P	<del>XXXXXXXXXX</del> BISHOP, CRAIG R.	<del>XXXXXXXXXX</del> 10930 Crescent Lane	CLERMONT FL 34711
V	BISHOP, CRAIG R.	<del>XXXXXXXXXX</del> 10930 Crescent Lane	CLERMONT, FL 34711
STD	<del>XXXXXXXXXX</del> BISHOP, CRAIG R.	<del>XXXXXXXXXX</del> 10930 Crescent Lane	CLERMONT FL 34711
			900002016299--7 11/27/96 81896 886 ****375.00 ****375.00
			JB11-25-96

8. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES, INC.  
489 W. MINNEHAHA AVENUE  
CLERMONT FL 32711

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.

Signature of  
Registered Agent

*[Signature]*

Date

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

11-8-96

352-394-2322

Date

Daytime Phone