


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED

07 MAR 29 PM 1:40

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 483709

1. Corporation Name

Industrial Painting Corporation

2. Principal Office Address - No P.O. Box #

TUSTENUGEE Road

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32056

Country

3. Mailing Office Address

P.O. Box 541 Lake City

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32056

Country

USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-1616815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

H.A. (AL) BUIE, JR. Pres

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

138 SE FAWN GLEN (NO MAIL)

Suite, Apt. #, Etc.

(MAIL) P.O. Box 1203

City

LAKE CITY

State

FL

Zip Code

32056

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

H.A. BUIE, JR. Pres.

Date 3-16-07

REGISTERED AGENT MUST SIGN

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
Sec-Tres	Hugh A. BUIE	MAILING - P.O. Box 541 Resides 2222 Tustenuggee Rd	Lake City, FL 32056
Pres	Hugh A. BUIE Jr.	MAILING Address - P.O. Box 541 Resides 2222 Tustenuggee Rd	Lake City, FL 32056

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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 contained in Chapter 119, 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:

H.A. BUIE, JR. Pres.

3-16-07

386-7521643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #