

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660448

1. Corporation Name

Discount Painting Center Inc
10118 US Hwy 19
Port Richey FL 34668

2. Principal Office Address

10118 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Office Address

10118 US Hwy 19

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668

Country

PASCO

Zip

34668

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/88

5. FEI Number

59-2085462

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

JOHN KAUFFMANN

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

10118 US Hwy 19

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

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
PD	JOHN KAUFFMANN	Same as above	
VP	Linda KAUFFMANN	Same as above	

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:

Linda A Kauffmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

727-868-2000

Daytime Phone #

CR2E061 (01/04)

DISCOUNT PRINTING CENTER, INC.

10118 U.S. Hwy. 19 • Port Richey, FL 34668 • (727) 868-2000 • Fax (727) 819-9797

Dear Sirs:

My insurance agent informed me my corporation was dissolved in the State of Florida and gave me the attached report showing a 09/22/2000 date.

We moved in 1999 and never received any forms from Florida. My check of \$750.00 is for the years 2000-2004 (5 x 150).

Linda J Kauffmann

