

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004575

1. Corporation Name

Neuharth Painting, Inc.

2. Principal Office Address
6576 NW Chugwater Cir.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Saint Lucie, FL

City & State

Zip
34983Country
US

Zip

Country

REINSTATEMENT 02-03

4. Date incorporated or qualified
to do business in Florida 9-1-19995. FEI Number
84-1289042Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FLZip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0305 or 817.0301, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/8/03

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Don Neuharth	6576 NW Chugwater Cir.	Port Saint Lucie, FL 34983
VPres	Janrod Neuharth	349 Ivy Way	Cleveland, TN 37312
Sec/Treas	Mary Neuharth	6576 NW Chugwater Cir.	Port Saint Lucie, FL 34983

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 807 or 817, 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 807.0401 or 817.0401, F.S., and 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)(f), 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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

772.631 962

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000190541 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-7615

CORPORATION REINSTATEMENT

NEUHARTH PAINTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75