

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 25 AM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004095

1. Corporation Name

Alaga Paint Company, Inc.

2. Principal Office Address

180 Gateway Court

Suite, Apt. #, etc.

City & State

Columbus, Georgia

Zip

31909

Country

USA

3. Mailing Office Address

P.O. Box 7695

Suite, Apt. #, etc.

City & State

Columbus, Georgia

Zip

31908

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/15/2003

5. FEI Number

581118741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

Suite, Apt. #, Etc.

City

Plantation

000080456350

10/04/06--01029--005 **900 00

000080456350

10/04/06--01029--006 **8.7

State

FL

Zip Code

33324

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

ALLAN FARNELL

Date 9-22-06

REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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
Pres.	Dale R. Brown	180 Gateway Court	Columbus, Georgia 31909
V.P.	David M. Brown	180 Gateway Court	Columbus, Georgia 31909
Sec.	Jimmie Lee Brown	180 Gateway Court	Columbus, Georgia 31909

B 9/25/04
OS-up

REINSTATEMENT

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:

SEC. TRES.

9-21-06 706 561 6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #