PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

96 DEC 31 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22044

1. Corporation Name

SRS PAINTING, INCORPORATED

Principal Place of Business
~~LOT 9 HEWETT POINT~~
~~P O BOX 6002~~
~~DESTIN FL 32541~~

Mailing Address
~~LOT 9 HEWETT POINT~~
~~P O BOX 6002~~
~~DESTIN FL 32541~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
125 Paradise Point Lane
Suite, Apt. #, etc.
City & State: Santa Rosa Beach Fl.
Zip: 32459 Country: Walton

3. New Mailing Office Address, If Applicable
125 Paradise Point Lane
Suite, Apt. #, etc.
City & State: Santa Rosa Beach Fl.
Zip: 32459 Country: Walton

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/1981

5. FEI Number: 59-2201554 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee Required (Not Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVT	SNAITH, SCOTT R.	125 Paradise Point Lane	Santa Rosa Beach, Fl. 32459
LND	SNAITH, SCOTT R.	125 Paradise Point Lane	Santa Rosa Beach, Fl. 32459
			500002049085--5
			-01/07/97--01144--004
			****575.00 ****575.00
		REINSTATEMENT	1996
			C. Mann

8. Name and Address of Current Registered Agent

SNAITH, SCOTT R.
9 HEWITT POINT
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name: SNAITH Scott R 12/31/96
Street Address (P.O. Box N... Acceptable): 125. Paradise Point Lane
Suite, Apt. #, Etc.
City: Santa Rosa Beach State: FL Zip Code: 32459

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: Scott R Snaith
REGISTERED AGENT MUST SIGN
Date: 7/25/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Scott R Snaith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9/25/96
Daytime Phone #: 904-585-3051

CR2E040 (9/95)

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