

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/27

DOCUMENT # F97000003406

1. Corporation Name

P R PAINTING COMPANY

Principal Place of Business

4910 LYNN BURKE RD
MONROVIA MD 21770

Mailing Address

PO BOX 130
MONROVIA MD 21770

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1997

5. FEI Number

52-1999394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	RETANA, JORGE L	4910 LYNN BURKE RD	MONROVIA MD 21770
VT	POWER, JOHN C	4910 LYNN BURKE RD	MONROVIA MD 21770
ASST. Treas.	Zdunek, JANE E	100 Meadow Ridge Dr Shepherdstown WV 25443	Shepherdstown WV 25443

6000009244436

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/26/02

11. 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:

[Signature]
SIGNATURE REQUIRED
JANE E. Zdunek
Assistant Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/02 301-831-9328 x21

032ED040 (8/02)



2002

ACCOUNT NO. : 072100000032
REFERENCE : 835108 7133334
AUTHORIZATION : *Patricia Pizit*
COST LIMIT : \$ 758.75

ORDER DATE : November 26, 2002

ORDER TIME : 11:35 AM

ORDER NO. : 835108-005

CUSTOMER NO: 7133334

CUSTOMER: Jane Zdunek, Cpa
P R Painting Company
P.O. Box 130
4910 Lynn Burke Road
Monrovia, MD 21770

REINSTATEMENT

NAME: P R PAINTING COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 NOV 27 PM 1:03

RECEIVED