

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H99701

1. Corporation Name

PAINTERS UNLIMITED, INC.

Principal Place of Business

5791 TAYLOR RD #4
NAPLES FL 34109
US

Mailing Address

5791 TAYLOR RD #4
NAPLES FL 34109
US

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

02/17/1986

5. FEI Number

59-2660209

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLEN, J. P.	17870 HACIENDA BLVD #202S	BONITA FL 34135

8. Name and Address of Current Registered Agent

ALLEN, J. P.
5791 TAYLOR RD #4
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-02 239571116

Date

Daytime Phone #

CR2E040 (8/02)

LICENSED

INSURED

Painters unlimited inc.

5791 TAYLOR ROAD, SUITE 4
NAPLES, FLORIDA 34109
(941) 649-1442
FAX: (941) 992-9971

11-01-02

To whom it may concern;

Re; PAINTERS UNLIMITED, INC


The corporation has had two accountant during this year

And I personally have not seen the UBR notices.

I have always left that part of this business to the book-

Keepers and accountant.

J. P. Allen


President

Painters unlimited, inc.