

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000077716

1. Corporation Name

RATTLESNAKE PAINTING LLC

2. Principal Office Address - No P.O. Box #

511 NEWCASTLE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

511 NEWCASTLE DRIVE

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH FLORIDA

Zip

32547

Country

OKALOOSA

City & State

FORT WALTON BEACH FLORIDA

Zip

32547

Country

OKALOOSA

7. Name and Address of Current Registered Agent

Name

JOHN A. COURTNEY

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

511 NEWCASTLE DRIVE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

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

*John A. Courtney*

REGISTERED AGENT MUST SIGN

Date MARCH 26 2011

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
P	JOHN A. COURTNEY	511 NEWCASTLE DRIVE	FORT WALTON BEACH FLORIDA 32547

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*John A. Courtney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 26 2011

Date

850-865-1897

Daytime Phone #

FILED

11 MAR 30 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300199870953  
03/30/11--01037--007 \*\*900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 8, 2005

5. FEI Number

203266279

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status