

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -8 PM 2: 05

DOCUMENT # L34487

1. Corporation Name

Everett Painting Company, Inc.

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

2531 NW 79 Street

Suite, Apt. #, etc.

3. Mailing Office Address

2531 NW 79 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

US

Zip

33147

Country

US

REINSTATEMENT

CR2E081 (12/08)

08-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

December 7, 1989

5. FEI Number

59-2802227

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wary Everett

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

62 NE 90 Street

Suite, Apt. #, Etc.

City

El Portal

State

FL

Zip Code

33138

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

01-07-2009

REGISTERED AGENT MUST SIGN

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
DV	Wary Everett	62 NE 90 Street	El Portal, FL 33138
DPS	Shirley Everett	62 NE 90 Street	El Portal, FL 33138
DVT	Adrian Everett	3121 NW 53rd Street	Miami, FL 33142

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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:

Shirley Everett - Shirley Everett-P 01-07-2009 305-694-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #