

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

98 NOV 30 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPLICATION FOR
REINSTATEMENT



DOCUMENT # **L58440**

1. Corporation Name
GPF PAINTING, INC.

Principal Place of Business 469 KRISTI DRIVE INDIAN HARBOR BCH FL 32937	Mailing Address 169 KRISTI DRIVE INDIAN HARBOR BCH FL 32937
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 97 NIEMIRA AVE UNIT 7C P.O. BOX 033036-INDIALANTIC, FL 32903		3. New Mailing Office Address, If Applicable P.O. BOX 033036-INDIALANTIC, FL 32903		4. Date Incorporated or Qualified To Do Business in Florida 03/15/1990	
Suite, Apt. #, etc. INDIALANTIC, 7C		Suite, Apt. #, etc. -1		5. FEI Number 59-3027779	
City & State 32903		City & State INDIALANTIC, FL		Applied For Not Applicable	
Zip 32903		Zip 32903		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country BREVARD		Country BREVARD			

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FREDIANELLI, GARY	169 KRISTI DRIVE	INDIAN HARBOR BCH FL
			900002707519--2 -12709798--01074--017 ****150.00 ****150.00
			8/12/3

8. Name and Address of Current Registered Agent FREDIANELLI, GARY 169 KRISTI DRIVE INDIAN HARBOR BCH FL 32937		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	
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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 _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: GARY P. FREDIANELLI PRESIDENT 11-25-98-407-984-9544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (0/98)

G.P.F. Painting, Inc.

Gary P. Fredianelli, Owner



To Whom it may concern,

I did not receive my annual report and this document was just received 10-20-98. The address is 169 Kuster Dr. I have sense moved from last year. My physical address is 97 Nemura ave Unit E Indialantic, Fl. 32903. My new mailing address for all such documents should be P.O. Box 033036-0036 Indialantic, Fl 32903

Please make necessary adjustments. Enclosed find my check for \$150.00 according to last years figures for renewal.

Thank you

Gary P. Fredianelli
Owner G.P.F. Painting

984-9544.