

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M85198**

1. Corporation Name

AAA ULTIMATE PAINTING INC

REINSTATEMENT 03-04

300030727973
03/18/04--01055--004 **300.00

2. Principal Office Address

3331 MEADOWRIDGE DR

Suite, Apt. #, etc.

3. Mailing Office Address

3331 MEADOWRIDGE DR

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32901

Country

BREVARD

Zip

32901

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-89

5. FEI Number

59-2925743

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

WATERS, SCOTT A

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

3331 MEADOWRIDGE DR

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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

Scott Waters

Date **3-14-04**

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
P, T	WATERS, SCOTT A	3331 MEADOWRIDGE DR.	MELBOURNE, FL 32901
VP, S	WATERS, TERESA L	3331 MEADOWRIDGE DR.	MELBOURNE, FL 32901

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 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:

Scott Waters **SCOTT WATERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-04(321) 729-6108

Daytime Phone #