PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION 08 MAY 13 PM 3: 07 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N46151 PAINT YOUR HEART OUT PASCO COUNTY, INC 40012919235 3. Mailing Office Address 05/13/08--01005--011 2. Principal Office Address - No P.O. Box # 03-05 **4807 US HIGHWAY 19** Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified **SUITE 101** To Do Business in Florida 11/21/1991 City & State 5. FEI Number Applied For Flees Fl NEW PORT RICHEY, FL 59-3143892 Not Applicable Zip Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 34680 34652 **UNITED STATES** for a Certificate of Status 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in JACKIE BASAK circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 4807 US HIGHWAY 19 are certifying the prior notices were not Suite, Apt. #, Etc. SUITE 101 received and requesting the reinstatement fee be waived. City Zip Code **NÉW PORT RICHEY** 34652 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip **NEW PORT RICHEY, FL 34652** PTD JACKIE BASAK 4807 US HWY 19, STE 101 VPD 5138 DEER PARK DRIVE, STE 105 **NEW PORT RICHEY, FL 34653** ROBERT WINNIETT NEW PORT RICHEY, FL 34654 D 7530 LITTLE ROAD **BARBARA DESIMONE** D PORT RICHEY, FL 34668 **BILL AYCRIGG** 7505 ROTTINGHAM ROAD NEW PORT RICHEY, FL 34654 D 7530 LITTLE ROAD MIKE SNYDER 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 filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5/15av

Daytime Phone #