

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 27 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000004120

1. Corporation Name

S.W.C. Painting, Inc.

300024103453  
10/27/03--01024--004 \*\*900.00

2. Principal Office Address

15254 Lafite Lane

Suite, Apt. #, etc.

3. Mailing Office Address

15254 Lafite Lane

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/00

5. FEI Number

59-3618568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02-03

7. Name and Address of Current Registered Agent

Name

Sharon Arnold

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

15254 Lafite Lane

Suite, Apt. #, Etc.

City

Clermont,

State

FL

Zip Code

34711

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

*Sharon Arnold*

Date

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, S, T	Sharon Arnold	15254 Lafite Lane	Clermont, FL 34711
VP	Charles Welch	15254 Lafite Lane	Clermont, FL 34711

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: *Sharon Arnold, PRES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03  
Date

407-509-0941  
Daytime Phone #

CR2E081 (10/02)

20 10/30