

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000023882

1. Entity Name
RAYNOR PAINTING & INTERIORS, INC.



FILED

13 APR -2 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4459 ARGYLE LANE
TALLAHASSEE, FL 32309 US

Mailing Address
P O BOX 20048
TALLAHASSEE, FL 32316 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04022013 REIN-P CR2E098 (12/11)

4. FEI Number
59-3628904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYNOR, JAMES D
2004 WAHALAW NENE
TALLAHASSEE, FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James D Raynor*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-13

FILE NOW!!! FEE IS \$750.00

After January 1, 2014, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAYNOR, JAMES D
STREET ADDRESS 4459 ARGYLE LANE
CITY- ST- ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE S
NAME RUSSELL, WILLIAM
STREET ADDRESS 4459 ARGYLE LANE
CITY- ST- ZIP TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

4-2-13 RAYNOR Painting@yahoo.com