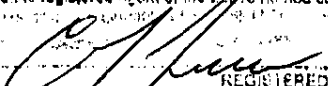
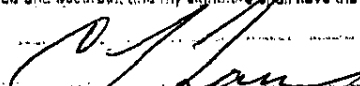


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 AUG 13 AM 8:00	
DOCUMENT # 800000052809					
1. Corporation Name C.T. LANE PAINTING, INC.					
2. Principal Office Address 3295 Steadman Street Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 381113 Suite, Apt. #, etc.		900022290129 08/13/03--01064--010 **1050.00 MRD	
City & State Port Charlotte, Fl		City & State Murdoch, Fl		4. Date Incorporated or Qualified To Do Business in Florida 05/22/2000	
Zip 33980		Country 33938-1113		5. FEI Number 65-1032265	
6. CERTIFICATE OF STATUS DESIRED ☐				\$875 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Claude T. Lane					
Street Address (P.O. Box Number is Not Acceptable) 3295 Steadman Street					
City Port Charlotte					
State FL					
Zip Code 33980					
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					
Date 8-11-03					
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City - State - Zip		
P/T/D	Claude T. Lane	3295 Steadman Street	Port Charlotte, FL 33980		
10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I hereby certify that when I filed 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., and 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)(a), F.S. The information provided in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE 					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
8-11-03					