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 # P00000052809

1. Corporation Name
C.T. LANE PAINTING, INC.

900022290129
08/13/03--01064--010 **1050.00

MRD

2. Principal Office Address	3. Mailing Office Address
3295 Steadman Street	P. O. Box 381113
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, Fl	City & State: Murdock, Fl
Zip: 33980 Country:	Zip: 33938-1113 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/22/2000

5. FEI Number: 65-1032265 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: Claude T. Lane

Street Address (P.O. Box Number is Not Acceptable): 3295 Steadman Street

Suite, Apt. #, etc.:

City: Port Charlotte State: FL Zip Code: 33980

REINSTATEMENT 01-03

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: C.T. Lane REGISTERED AGENT MUST SIGN Date: 8-11-03

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/D	Claude T. Lane	3295 Steadman Street	Port Charlotte, Fl 33980

10. I certify that an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with 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., 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 supplied in this section is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: C.T. Lane 8-11-03
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #